

Open Research Online

The Open University's repository of research publications and other research outputs

Understanding support worker learning : practice, participation and identity

Thesis

How to cite:

Kubiak, Christopher (2012). Understanding support worker learning : practice, participation and identity. PhD thesis The Open University.

For guidance on citations see [FAQs](#).

© 2012 The Author



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Version of Record

Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.21954/ou.ro.0000d5a3>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Understanding Support Worker Learning: Practice, Participation and Identity

Christopher David Kubiak

BA, MSocSci, PGDipPsych (Comm.)

Thesis presented for the degree of Doctor of Philosophy

Centre for Research in Education and Educational Technology

The Open University

September, 2012.

Abstract

A better understanding of support worker learning is needed. Role extension, an increasing awareness of the sophistication of caring practice and the need to develop the esteem of the sector have all made the professional development of support workers a priority for the health and social care sector. Drawing on situated and sociocultural learning theories, this research investigated the way in which workplace participatory opportunities, affordances and individual identification shape support worker learning. Ethnographic and grounded theory methods were used. Fourteen support workers from both health and social care participated in repeated interviews over a number of months. Seven were observed in practice. Workplace managers were also interviewed.

It was found that participants established a sense of value and esteem by emphasising the significance of their work. They considered their capability as resting upon three foundations – practical experience, natural ability and knowledge of the service user. Three domains of practice were described - development and wellbeing-focused activities, relationship work and building an understanding of service users. Practice was a subjective and situational reconstruction.

Practice-based learning was a multimodal process arising out of workplace participatory opportunities. These participatory opportunities interact to structure, support or provoke learning activities. Participatory opportunities support a process of alignment in which participants establish collective coherence in their

understanding, goals or standards. This alignment represents a countervailing force to the subjective and situational reconstruction of practice. Engagement in participatory opportunities is afforded or restricted through controls over access and fullness of participation, density of opportunity, relationship quality and presence or absence of formalisation. Engagement is negotiated between the individual and those in the workplace. Individual construal and engagement in participatory opportunities reflects temporal identification and the pursuit of recognition. A “leading learning model” for managers supporting support worker learning is proposed.

ACKNOWLEDGEMENTS

I wish to thank my family for their support and encouragement over the many years I have been working on this text. Ruth Joy, Griff Kubiak and Ariana Kubiak have been remarkably understanding, patient and good humoured throughout.

I would like to thank Doug Clow and Mary Thorpe. I could not have asked for a more supportive, insightful and critically acute supervision team. I have appreciated the guidance and intellectual stimulation over the years.

This thesis would not have been possible without the support of the Open University and my colleagues in the Faculty of Health and Social Care. I would also like to acknowledge the tremendous resource provided by the Practice-based Professional Learning Centre for Excellence in Teaching and Learning. The centre provided an invaluable opportunity to connect with like-minded researchers and educational practitioners. It was an immeasurable source of inspiration and insight. Thanks are due to Fredrik Sandberg at Linköping University for inspiration and kindredship.

Finally, I would like to thank the people and their employers who participated in my research. I appreciate the time they have given me and their openness to my questions.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Contents

Chapter 1 Support workers in health and social care	1
1.1. Introducing the support worker	1
1.2. A ‘quiet revolution’	4
1.3. Caring practice and the contemporary context of care	14
1.4. Theoretical conceptions of care	21
1.5. The social context of care	27
1.6. Conclusion	29
Chapter 2 Practice-based learning: participation, agency and identity	31
2.1. Framing practice-based learning	31
2.2. Learning	34
2.3. Participation	37
2.4. Practice	45
2.5. Co-participation	58
2.6. Agency and identity	68
2.7. Research questions	92
2.8. Conclusion	95
Chapter 3 Research methodology and methods	97
3.1. Methodology	97
3.2. Positioning of the researcher	114
3.3. Ethical considerations	115
3.4. Constructing the sample	116
3.5. Research procedure	124
3.6. Data analysis	139
3.7. Illustrative pen portraits	146
3.8. Conclusion	154
Chapter 4 Understanding support worker practice	155
4.1. Practical experience, being natural and frontline authority	156
4.2. The components of practice	162
4.3. Gut feeling, instinct and intuition	200
4.4. Conclusion	206

Chapter 5 Learning activities, participatory opportunities and affordances	211
5.1. Learning activities	211
5.2. Participatory opportunities	221
5.3. Affordances for participation	244
5.4. Newcomers	265
5.5. Conclusion	279
Chapter 6 Identification and participation	283
6.1. Temporal identification and incongruence	283
6.2. Negotiating temporal identification	291
6.3. Negotiating recognition	322
6.4. Conclusion	335
Chapter 7 Discussion and conclusions	339
7.1. Practice as a subjective and situational reconstruction	339
7.2. Alignment, participatory opportunities and affordances	344
7.3. Identity work	358
7.4. Towards a leading learning model	367
7.5. Conclusion	380
References	383
Appendix one. Observation frame and debrief interview	407
Appendix two. First interview schedule	411
Appendix three. Follow-up interview schedule	415
Appendix four. Manager interview schedule	419
Appendix five: Practitioner capabilities	421

Tables and figures

Figure 1. Participant observation: areas of focus	126
Figure 2. Development and wellbeing aims.....	163
Figure 3. Satisfactions with support work	172
Figure 4. Methods used to build an understanding of service users	193
Figure 5. Courses referred to by participants.....	239
Figure 6. Progressive responsibility.....	270
Figure 7. Identificatory positions.....	290
Figure 8. Leading learning model	370
Table 1. Research participants: role and service type.....	121
Table 2. Participant gender and age	123
Table 3. Participants' years of experience in current setting and the health and social care field	123
Table 4. Participants' post-compulsory educational experience.....	124
Table 5. Participation in research activity by setting and participant	134
Table 6. Definitions and examples of learning activities.....	213
Table 7. Participatory opportunities.....	222
Table 8. Comparison of learning activities and participatory opportunities across three studies	350

Chapter 1 Support workers in health and social care

This chapter explores the support worker role locating it within its political, organisational and theoretical context. A theoretical conceptualisation of support worker practice as care work will be established by drawing upon Tronto's (1993) ethic of care. A rationale for the current research will be proposed.

1.1. Introducing the support worker

This research focuses on the practice-based learning of support workers in the English health and social care. Support workers are found in clinical or therapeutic teams based in community or hospital settings working in roles ranging from nursing, physiotherapy, occupational therapy, radiography, or phlebotomy to mention but a few (Saks and Allsop, 2007). Within occupational sociology, healthcare support workers are considered assistants (Manthorpe and Martineau, 2008). For example, under the guidance of a nurse, support workers ensure the continuity of care which their nursing colleagues may be too busy to provide (Spilsbury and Meyer, 2004). Healthcare assistants free nurses for advanced tasks (Coffey, 2004), managerial work (Sutton et al., 2004), administration (Nicholson, 1996) or critically ill patients (Stokes and Warden, 2004).

Social care support workers may also have an assistive role. For example, assistant social workers may conduct assessments and reviews, develop care and support plans and even contribute to child protection investigations (Unison,

2011). Manthorpe and Martineau (2008) note that social care support workers are much more autonomous than those in health. Rather than assisting registered practitioners, their support focuses on enabling service users to participate in the activities of everyday life. Some are also involved in secondary tasks such as advocacy, personal care and teaching.

Other health and social care support workers take a boundary spanning role. Some coordinate activities across organisations (Manthorpe and Martineau, 2008).

Others perform functions from across multiple occupational groups overcoming the silos of specialisation. For example, the generic rehabilitation worker holds a skill set from nursing, occupational and physiotherapy (Knight et al., 2004).

Similarly, home care work incorporates a complex array of medical, nursing and social needs (Fleming and Taylor, 2007).

Through ongoing and extensive daily contact, support workers know service users better than most team members (Stone, 2001). Their role amalgamates both highly demanding and everyday tasks. For example, learning disability support work mixes the mundane (cook and chauffeur) with the profound (counsellor, advocate and friend) (Ford and Honnor, 2000). Even support for everyday tasks - washing, dressing or eating, for example – incorporate the complexities of supporting quality of life and well-being (Stone, 2001).

Support workers are a highly heterogeneous group. Saks and Allsop (2007) identified over 300 distinct job titles in healthcare. 62 discrete job titles were identified in social care (Unison, 2011). The term ‘support worker’ will be

adopted in this research to embrace the double meaning of the word 'support.' As an umbrella term, it is broad enough to reflect the group's diversity. There are however, a number of other possible terms that could have been used to describe this group. A brief consideration of alternative terms will helpfully illuminate the nature of this group.

Firstly, support workers are often described as 'untrained' or 'unqualified'. Although often there are no minimum educational qualifications required to become a support worker either in healthcare (Webb, 2011) or social care (Manthorpe et al., 2010), support workers can not be uniformly defined as untrained and unqualified. In 2008, two thirds of social care support workers held a minimum of a level two National Vocational Qualification (Commission for Social Care Inspection, 2009). Not all of these qualifications were social care related but at least a third were relevant (Skills for Care, 2010c). Support worker qualifications vary depending on the role. Some groups typically hold undergraduate degrees (Manthorpe et al., 2010). Not only is the term 'unqualified' inaccurate, but support workers have argued that the 'qualified'/'unqualified' divide implies inferiority compared to registered practitioners and fails to characterise the skills they do possess (Unison, 2011).

Support workers are also described as 'non-professional' or 'paraprofessional.' 'Professional' is somewhat problematic given the contested meanings, ideologies, power struggles and shifting boundaries associated with the term (see for example, MacDonald, 2006). These debates suggest that 'professional' is a somewhat murky characterisation though the 'professionalisation' of support

workers as part of the modernisation of health and social care has been noted. For example, Edmond et al., (2011) suggest that support workers have become more educated, are picking up responsibilities previously exclusive to registered practitioners and are exercising more autonomy. However, this is not professionalisation in terms of membership of a professional body but rather in the sense of adhering to a managerial specification of a standard of performance. Placing Edmond et al.s' (2011) analysis within the sociology of professions, it can be seen as yet another instance of the contested boundaries and definitions of professional. Only this time, support workers are involved.

A conclusion about the use of the term professional could be reached on the basis of a trait-based analysis to determine whether support workers share enough characteristics with 'true' professions to assume such a definition. Rejecting this approach, Eraut (1994) treats professionalism as an ideology only in order to examine practice without the rhetoric and assumptions of professional work. Moving beyond such assumptions will be a feature of this research too. The term 'non-professional' is rejected because it renders invisible the characteristics described by Edmond et al., (2011) which have come to characterise this group through recent developments. In conclusion, support workers will be referred to as 'support workers'. Nurses, social workers, doctors – the “professionals” or “the qualified” – are referred to as registered workers.

1.2. A 'quiet revolution'

Discussion now moves on to the imperative to understand the practice-based learning of support workers. Support workers are a long-standing feature of the health and social care workforce (Stokes and Warden, 2004) but changes in their

role and place have been so great that Thornley (2000), writing about healthcare assistants, refers to a quiet revolution in support work.

Firstly, increases in support worker numbers have made them a significant feature of the workforce. Support worker numbers have increased for a number of reasons. Health services are significantly oversubscribed and under resourced (Keeney et al., 2005). Addressing the situation in 2002, the government pledged to increase staffing including an additional 27,000 healthcare assistants (Atwal et al., 2006). The Health and Social Care Information Centre (2011) have reported a rise in numbers to 152,038 support workers working with doctors and nurses in hospitals (11% of the 1,431,557 total hospital staff). Although the 62,726 people supporting scientific, therapeutic and technical staff includes administrative and maintenance staff, this figure highlights the large numbers of support workers in the health sector.

In social care, there was a similar emphasis on increasing support worker numbers in order to meet the scale of demand in a sector suffering from perennial recruitment problems (Department for Education and Skills/Department of Health, 2006). Skills for Care (2010c) noted that the number of care workers, support workers and other jobs such as employment support, advice, guidance and advocacy services, education support, counselling and others providing direct care had increased to 1.25 million. Support workers now made up 75% of the total social care workforce.

Increases in support worker numbers is not simply about meeting public demand for services. Take, for example, the nursing sector. Decreasing numbers of new entrants, the increasing age of nurses and the now supernumerary status of student nurses has reduced the size of the nursing workforce (Webb, 2011). The increasing administrative load on nurses has decreased time available for patient care (Nicholson, 1996). Increasing support worker numbers is a cost-effective response to such understaffing (Keeney et al., 2005).

The support workers' role has also changed. Nancarrow and Mountain (2002) argue that New Labour's NHS reform and modernisation agenda emphasised flexible occupational boundaries, maximising the use of existing skills and breaking down demarcations between occupational groups. Professional barriers determining who could provide which types of care became permeable. These changes were driven by a belief that any attempts to build services around service user need would be hindered by occupational boundaries. Strongly influenced by the recession, the Conservative/Liberal Democrat Coalition Government maintained the direction of travel but introduced further reforms. Unlike New Labour who increased staff numbers, this government's white paper 'Liberating the NHS' (DH, 2010) proposed efficiency gains through workforce reconfiguration which NHS Employers (2010) suggested could include expanding the support workers' role.

Role expansion included a number of groups. Nurses' roles expanded to incorporate doctors work (Stokes and Warden, 2004, Webb, 2011). In turn, support workers increasingly took on responsibilities traditionally held by

registered workers such as nurses (Spilsbury and Meyer, 2004) or occupational therapists (Mackey, 2004). With role extension occurring across a number of different sectors, support workers seemed to be evolving into a new sort of practitioner. For example, Mackey (2004) describes a new type of occupational therapy assistant - independent and autonomous, instigating treatment and accountable for their actions. Other support worker roles developed to incorporate skill sets from across a number of different professions. NHS Employers (2010) described the assistant practitioner as possessing bespoke expertise from a variety of occupational groups in order to meet the needs of specific service user groups.

While the changes in the social care sector are less well documented, similar developments were taking place. The DfES/DH (2006) advocated “remodelling wider job roles and delegation of appropriate tasks to other professionals ... looking at new roles and more flexible working practices to optimize the time of all qualified workers in the social care sector” (p 48 – 49). A report titled ‘Stepping into the Breach’ described assistants as ‘social workers on the cheap’ (p. 3) as they took on increasingly sophisticated responsibilities in response to under-resourced services and overstretched registered practitioners (Unison, 2011).

While Unison (2011) focused on the inappropriate use of support workers, other sectors in social care stressed that expanding support worker roles could enhance service user care and outcomes. There have been a number of accounts of support worker roles expanding to incorporate tasks from across health and social care

(Research in Practice for Adults, 2008, Skills for Care, 2010b). Being dual trained or generic increased the complexity and amount of support worker work (Unison, 2011).

To summarise then, support workers are becoming an increasingly significant occupational group in health and social care. Not only are their numbers increasing but their role is being reconfigured to incorporate the tasks previously carried out by registered practitioners. Other support workers are acquiring tasks from across a number of occupational groups. Therefore, support work requires people capable of more sophisticated and complex work. The need for training associated with these developments will be discussed in section 1.3.2 but first, the changes in the support workers' role needs to be examined within the context of professionalisation.

1.2.1. Professionalisation and the support worker

These changes led commentators to suggest that support workers were 'professionalising' (Moss et al., 2006). The expansion of support worker roles into the domain of registered practitioners and the associated requirements for further training was one aspect of this professionalisation (Edmond et al., 2011). There were other drivers in play too - increased acknowledgement of the complexity of care, aims to increase the esteem of this group and demands for public protection.

With care work seen as increasingly complex, it was argued that support workers needed to be more skilled. For example, the Department of Health's (2007)

document 'Confidence in Caring: Framework for Best Practice' argued that care today was more complex than ever before. Similarly, Cameron and Boddy (2006) argued that low levels of skills were no longer sufficient. Arguably, service users' needs are more complex. For example, the 1990 NHS and Community Care Act (DH, 1990) emphasised supporting older and disabled people in their own homes for as long as possible. Doing so requires meeting a complex range of medical, nursing and social needs demanding a diverse multi-disciplinary skill set (Fleming and Taylor, 2007). When community living can no longer be sustained, people enter institutional care with very complex needs (Rolfe et al., 1999) or in a more frail state (Rainbird et al., 1999).

Furthermore, the modernisation of health and social care reconceptualised service users. No longer seen as passive recipients of care, service users were citizens with a right to a quality service and active involvement in the services received (Cameron and Boddy, 2006, Rolfe et al., 1999). Good care was holistic and the discrete tasks of caring (e.g. washing or feeding) were seen as opportunities to develop the relationship with the service user and support further development and autonomy (Moss et al., 2006). Support work was therefore seen as a complex role demanding skilled workers.

The professionalisation of support workers has also been driven by a desire to improve the role's value. Persistent problems in recruitment and retention have been noted (DfES/DH, 2006, Unison, 2011). Some recruitment problems have been attributed to difficulties in finding the right people (Manthorpe et al., 2010), and poor retention associated with the lack of a definable career pathway

(McConkey et al., 2007, Unison, 2011). Such problems are seen to reflect the low public esteem of the sector (All-Party Parliamentary Group on Social Care, 2008) and more broadly, the low status of the work. Beresford (2008) writing about care workers argues that judging from the poor levels of pay, conditions of work and levels of training, low value is placed upon them. The low esteem of support workers seems compounded by their status as 'unqualified' which can undermine public confidence (Gates, 2010) and collegial respect (Unison, 2011). In healthcare, there have been similar observations that support workers are undervalued and their skill unrecognised (Coffey, 2004).

Various remedies have been proposed. Improved working conditions and salary may increase the appeal to those with higher educational attainment (Cameron and Moss, 2007). Alternatively, more sophisticated tasks and greater autonomy would make the role more satisfying and decrease turnover (Stone, 2001). Both solutions point to the need for more training or higher entry qualifications. After all, if support work was seen as an occupation demanding trained practitioners and offering developmental opportunities and career pathways, it may become better regarded by both service users and practitioners. Improving workforce training can only help to raise the status of care work (APPGSC, 2008).

The third driver for professionalisation relates to fears that service quality would be eroded by support workers lacking necessary skills - a recurring theme in the literature (see for example, Buchan and Dal Poz, 2002, Sutton et al., 2004). In healthcare, the lack of standards for training and assessing competence as well as fears that support workers would be performing tasks beyond their level of

competence led to proposals for regulation (Saks and Allsop, 2007). Similar moves incorporating minimum training standards and regulation were proposed for social care on the basis that they would offer some public protection and improve the profile of the sector (DfES/DH, 2006). Such proposals were supported by the Royal College of Nursing and Unison alike (Webb, 2011). Support workers in social care also welcomed the proposals for regulation arguing that they would provide them with protection or at least, the foundation to argue against requests to work beyond their level of competence (Unison, 2011).

The 'Foster Report' proposed regulating support workers in healthcare on the basis that they were now performing many of the tasks once the responsibility of registered workers (DH, 2006b). The influential 'Darzi' review (DH, 2008a) only reinforced this intention. Similarly, in 2007, The General Social Care Council (GCSS) in England carried out considerable work towards registering the entire social care workforce from care workers to managers (General Social Care Council, 2007).

Regulation for support workers in health was investigated (Saks and Allsop, 2007). Voluntary registration was established in Scotland (Webb, 2011) but under the Conservative\ Liberal Democrat coalition government the pursuit of regulation appeared to have stalled. The controversial Health and Social Care Bill (2010-2012) made no mention of pursuing regulation further though the Secretary of State (2011) indicated that compulsory registration of support workers would be disproportionately expensive. However, by May 2012, Skills for Health and Skills for Care had begun consulting around a code of conduct and standards of

proficiency for support workers (Skills for Health, 2012). Despite the slow progress, it appeared that a decade of discussion about regulation for support workers brought to the fore awareness of their competence and need for training.

In conclusion then, support workers have been professionalising. Three drivers are evident. First, the practice of support workers is becoming increasingly complex. Second, persistent problems with recruitment and retention have resulted in an increasing concern with increasing the esteem of this group through improved training or measures to attract better qualified people. Third, there has been an increasing demand for public protection through regulation which draws attention to the need to address the skill level of support workers. All three drivers bring to the fore the need to understand and promote support worker learning.

1.2.2. A need for development and the need for research

Discussions about support worker training can, at times, appear to reflect considerable anxiety about their competence. Some support workers are portrayed as performing a superficial facsimile of the tasks carried out by registered workers. Compared with registered practitioners who operate with a level of mindfulness and knowing, the support worker can be seen as merely performing a task (Knight et al., 2004, Mackey, 2004). For example, a support worker conducting an assessment in place of a social worker, may lack the knowledge needed to detect key sources of need, family dynamics and the possibility of abuse (Dunning, 2011). Similarly, support workers conducting an observation may lack the necessary knowledge to interpret the data or recognise

deterioration in a patient's condition (Webb, 2011). Thus, the image of the support worker as a doer not a thinker or knower emerges. Indeed, Young (2008) opposed healthcare assistants' regulation arguing that registration was false advertising as their practice falls short of the "precision, talent, intelligence, wisdom and rigour" (p. 244) associated with registered practitioners.

There have been some who have highlighted the skilfulness of support workers (see for example, Rainbird et al., 1999, Thornley, 2000). Others have emphasised the sophistication of support work though appear to be emphasising generic capabilities rather than specific areas of knowledge. For example, Cameron and Boddy (2006) argue that support workers do more than perform instrumental tasks and conform to set procedures. They describe a range of skills demanded in support work – observational and reporting skills, working with and through social relations, delicate negotiations over daily life, the ability to act fluently and spontaneously, using feelings and intuitions and making finely tuned and contextualised judgements. Although the support worker can be recognised as someone who needs critical awareness and sophisticated skills, none of this addresses fears that they may be performing beyond their competence.

Ultimately, much of this anxiety seemed to reflect that without the usual markers of ability such as qualifications or registration, managers and colleagues lacked any guarantees of support worker ability. Indeed, some scholars suggest that support workers are skilled and experienced but much goes unrecognised and unutilized (Spilsbury and Meyer, 2004, Unison, 2011). Rainbird et al., (1999), taking a social constructivist perspective on workplace inequality and learning,

argue that equating low skill with the support workers' low wage can mask skill level.

Nonetheless, enabling support worker learning is a clear priority for the health and social care sector (APPGSC, 2008, DH, 2008a). So, if support worker learning plays such a key role in the future evolution of the health and social care sector then research investigating how it proceeds and where it can go wrong is particularly timely. The need for research into this area is heightened even further given the lack of studies focusing on support workers (Stacey, 2011).

Furthermore, what research that does exist appears to focus on 'learning as acquisition' (Felstead et al., 2005) - set courses or training leading towards recognised qualifications or documented competencies. There appears to be little research into learning through practice. Given that support workers can enter practice without training, it is likely that a project that focuses on learning through practice would be particularly useful.

A conceptualisation of learning through practice will be discussed in chapter 2. However before moving on to that topic, the nature of support workers' practice needs to be conceptualised and placed within its wider context. After all, discussions of how people learn will remain at the level of abstract principles unless some attention is given to what is learned.

1.3. Caring practice and the contemporary context of care

The diversity between and within different roles make it impossible to describe the range of specific tasks that make for support work. However, because all

support workers provide care, learning to provide care will be a focus. Making care a central concern is not without controversy given the schisms that exist between 'care,' and 'cure' with some groups eschewing any association with former. Following Mol's (2008) work on logics of care this research makes no such distinction. Care and cure are seen as overlapping and essentially connected concepts. After all, caring activities such as feeding or providing pain relief are also curative in that they enable an individual to respectively regain strength or take the rest needed to heal. Any curative act is insufficient without the empathy, compassion and shared decision-making associated with caring (Goodrich and Cornwell, 2008). As such, the term 'caring practice' will be adopted when describing the work of support workers.

So what are some of the features of caring practice with respect to support workers? This question will be answered by first examining the political and organisational context of health and social care practice emphasising the contemporary concerns with person-centred practice, supporting independence and 'joined up working'. After considering these issues, the discussion will move on to explore theoretical conceptualisations of care in relation to support workers.

1.3.1. Person-centred practice

One of the big ideas driving health and social care reform in England has been an aspiration for service-user led services (DH, 2008a, b, 2010). That is, the service user as a consumer of public services should be enabled to make choices reflecting their needs and preferences (Crinson, 2009). Rather than slotting people into existing services, service users should receive care tailored to their needs (Beresford, 2008, DH, 2008a). Person-centred practice reconceptualises the

individual as a partner (Barnes, 2011) and active participant in the process of care rather than a passive recipient of the service (The Commission on Improving Dignity in Care, 2012). Person-centred practice stresses supporting people “to lead the life they choose, with dignity” (DH, 2010, p. 10). Dignity and respect is a strong theme in The Commission on Improving Dignity in Care’s (2012) work and implied by the Social Institute of Excellence’s (2010) emphasis on individual abilities rather than deficits.

Person-centred care implies the need for more skilled support workers (Cameron and Boddy, 2006). Effective care cannot be determined solely through reference to universal principles. It is a uniquely tailored process based on knowing the individual, their situation and unique needs as well as contextual factors such as nature of the relationship and the timing of the encounter (Gottlieb et al., 2006). Empowering care is shaped by the everyday interactions between service users and practitioners - the way in which people talk to each other, opportunities to explore options, information that is offered, and which opinions are heard or ignored (Finlay et al., 2008). A key competence is therefore the practitioner's ability to build trust and understanding through dialogue so that the service user's individual needs can be met (Barnes and Brannelly, 2008). This conception of practice implies that as the support worker endeavours to understand the service user's needs, each encounter is a learning experience.

Person-centred care may appear to be a rather idealistic aspiration. It can be difficult to empower people or facilitate choice with service users with limited capacity (Dunn et al., 2010) or communicative ability (Barnes and Brannelly, 2008).

Finlay et al. (2008) argue that conflicting interests between various parties can make choice making very difficult. Service users sharing a group home may have different needs. Families or practitioners may interpret needs very differently. Organisational routines and requirements can limit individual choice making. For example, services such as those serving people with learning disabilities can possess ingrained cultures of dependency and disempowerment which are incompatible with service user choice (Finlay et al., 2008).

In conclusion, person-centred practice demands a sophisticated skill set in order to understand and meet the precise needs of service users and facilitate choice making. However, support workers also need to be able to manage the dynamics of the service users' context which may make conflicting demands, offer divergent interpretations of need or limit the opportunity for choice making.

1.3.2. Independence

Over the last 30 years advances in drug therapies as well as changing conceptions of good practice have led to an increasing emphasis on community-based service provision (Crimson, 2009). Services are increasingly aiming to support service user independence (Beresford, 2008, DH, 2008b, Finlay et al., 2008).

Independence is not understood in terms of removing the props and incentives that create dependency. Rather, this concept of independence has been driven, in part by disability activists, by critiques of the way in which health and social care services can undermine the personhood and dignity of people through conditions of structured dependency. Townsend (1981) and Beresford (2008) argue that independence is not a matter of 'standing on your own two feet' but involves enabling individuals to exercise choice as an equal citizen. Supporting

independence involves enabling people to participate in activities of their own choosing (Beresford, 2008).

Support workers have a key role in supporting independence (Manthorpe et al., 2010, Walmsley, 2010) by enabling individuals, regardless of their health problem or disability, to participate in mainstream society and exercise choice in how they live. Manthorpe et al. (2010), for example, describes support workers supporting engagement in education, work, relationships and social life as well as providing assistance in relation to practical or domestic activities. They may teach or support the practical or social skills needed for particular activities.

This conception of independence seems somewhat social care specific. It could be assumed that when someone becomes ill adopting a more passive patient role would be appropriate. However, the sheer cost of hospital-based care for an ageing population and increasing numbers of people with long-term health conditions has led to an emphasis on community-based care, prevention and self care (Hewison, 2012, Walmsley, 2010). As a result, many of the healthcare tasks once performed in hospital are now performed in the individual's home by district nurses (Blackman, 2009). Similarly, healthcare assistants too may have a role in community-based nursing (NHS Careers, Undated).

In addition to assisting people with everyday tasks, supporting independence incorporates enabling individuals to maintain a meaningful social identity and sense of self (Secker et al., 2003). In its focus on enabling people to lead the life they choose, maintaining service user independence shares a common concern

with person-centred practice. Supporting independence with its links to maintaining personhood can be understood as demanding a similarly complex skill set from practitioners.

To summarise then, support workers have a role in supporting the service user's right to participate in everyday activities of their own choosing and to the maintenance of meaningful social identities. Health workers may be involved in community-based work or have a role in supporting self care. Like person-centred care, this role implies skills in understanding need, supporting choice making and the ability to support people in a broad range of domain areas.

1.3.3. 'Joined up working'

New Labour's health and social care reforms included the promotion of 'joined up working'. The growing emphasis on person-centred practice and independence raised concerns that service provision was too fragmented to meet the service users' holistic needs (Crimson, 2009). Instead, service provision should be designed around service user needs. The long-standing boundaries between the health and social care sectors were seen as an obstacle to effective care (DH, 2008a). Various policy documents refer to necessary changes such as joint strategic needs assessments (HMG 2007), integrated services and joint health and social care teams (DH, 2008a).

Practitioners were increasingly working in multidisciplinary teams spanning the traditionally separate areas of health and social care (Department of Health, 1999). The workforce needed to be equipped to work across traditional

boundaries, understand the interests of those from other disciplines (Dawson et. al. 2007) and have the skills to work across different agencies (DH 2001).

Teamwork was an important skill. Support workers too were required to shift outside of established boundaries to form hybrid roles spanning health, housing and employment (Carr, 2010). New roles have been created amalgamating responsibilities from across a number of different disciplinary groups (RIPFA, 2008).

Such integrated working comes with its own tensions and inter-group tribalism. The multidisciplinary team can appear as a battleground as members compete for recognition, power and specialised role boundaries (Finlay 2000). Support workers' new multidisciplinary roles could be ambiguous or generate conflict (Manthorpe et al., 2010). Without a strong sense of disciplinary identity and occupational prestige based upon an extensive period of preregistration training, support workers may find themselves in a weak position within services. Given the contested nature of practice-based learning (Billett, 2002b), the tensions of multidisciplinary working may have significant implications for support worker development.

In conclusion, increasing demands for multidisciplinary working require skills in team work and managing conflict as well as an awareness of and sympathy to the practices of other occupational groups. Support workers are increasingly forming into hybrid roles. Not only do such roles come with potential ambiguity or conflict but they also draw attention to the complexity of the support workers' role.

1.4. Theoretical conceptions of care

Many of the policy discourses attempting to define effective care do so in relatively untheorised terms. Although much discussed in the theoretical literature, care remains an elusive concept, theorised from a range of distinct paradigms. In this section, different perspectives on care will be discussed before settling on the conceptualisation used in this research.

Essentialist discourses argue that good care rests upon a natural expression of womens' capabilities (Noddings, 2003). Support workers may hold similar attitudes. For example, Stacey (2011) found that many care workers felt that the work came easily to them - they were born to provide care. There have also been analyses considering the emotional dimensions of the work. Arlie Hochschild's (1983) seminal work on emotional labour analysed the induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense that that they are being cared for. She describes the way in which employers may use training and supervision to exercise a degree of control over the emotional activities of their employees. The often unrecognised hard work of emotional labour can place considerable demands upon practitioners (Smith, 1992) and research has documented the stress, burnout and health problems associated with care (de Jonge et al., 2008). However, an emphasis on emotional labour can also obscure the considerable physical demands of the work (Stacey, 2011).

There have also been critiques of care focusing on its low status. McGregor's (2007) description of personal carers referring to themselves as 'bum technicians'

is one such example and Stacy's (2011) detailed ethnography of home care aides is another. It has been argued that poor care can lie in its character as oppressed work (Keen, 1991) or more broadly, its provision by a workforce considered low in value (Beresford, 2008). Such accounts of oppression may be accompanied by demands for increased recognition and reward (Cameron and Moss, 2007).

The labour of work with emotions and the oppression of care work can imply a burdensome or unrewarding role. In contrast, some analyses stress the rewards of care. Stacey (2011) uncovered the way in which practitioners emphasised the personal meaningfulness of supporting service user independence. Relationships with service users can be enjoyable and satisfying. Contributing to and improving a person's wellbeing can make care work rewarding (Ryan et al., 2004).

Care has also been considered oppressive to service users. It has been considered a means through which practitioners can dominate and manage service user lives (Barnes, 2011). Care has been associated with surveillance and control (Howe, 2009). Some argue that the word care should be abandoned due to its associations with disempowerment and instead alternative terms such as help or support should be adopted (Beresford, 2008).

This theoretical diversity highlights a range of facets of care. Care is inherently about responding to emotional demands. It is physically and emotionally demanding but can also be rewarding. It is understood as a natural talent. It can be interpreted as potentially oppressive for both the service user and practitioner. Although theoretical diversity may sensitise the researcher to the range of

experience, it can also create a somewhat fragmented impression of caring practice. By focusing on one dimension other important aspects may be overlooked. In contrast, Tronto (1993) offers a more universalistic paradigm in which care is characterised as an element of both democratic practice and citizenship. Tronto's (1993) approach has also been taken up and applied in relation to practice in health and social care (Barnes and Brannelly, 2008, Edwards, 2009). According to Tronto (1993), care embraces:

"... everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web."

(Tronto, 1993, p. 103)

This definition shifts the conception of care from a framing predominantly concerned with making life more agreeable (Cameron and Moss, 2007) to one encapsulating the therapeutic work of the rehabilitation assistant or the support worker's focus on supporting an individual's pursuit of employment or education.

Tronto (1993) goes on to argue that care is made up of four phases or elements: attentiveness, responsibility, competence and responsiveness. Each phase has particular implications for the conceptualisation of care:

- **Attentiveness** involves listening and talking to people in order to understand their needs and circumstances (Barnes, 2006). Being insufficiently attentive can be a moral failing as in, for example, a nurse who walks past a patient and fails to notice an expression of severe

distress (Edwards, 2009). Care involves awareness, effective communication and social contact (Beresford, 2008).

- In terms of **responsibility**, Tronto (1993) argues that it is not enough for one to recognise that a person needs help; one is also responsible for trying to meet those needs. Edwards (2009) argues that for practitioners whose employment apparently gives them no alternative but to take responsibility, the uncaring practitioner simply 'goes through the motions' while the caring practitioner attentively builds a relationship and responds to the individual's needs. Practitioners exercise responsibility when they are sensitive to unexpected or unorthodox needs. Care goes beyond detached sets of rules and procedures (Barnes 2006).
- **Competence** means not taking on tasks that are beyond one's skill level as well as knowing enough about others to meet their needs, either through talking and listening to them, reading their notes or attending during handover meetings with colleagues. Competence involves negotiation between carers and service users to build a shared understanding of what is needed, and possible, in order to achieve a level of care suitable to all (Barnes and Brannelly, 2008).
- **Responsiveness** involves awareness of how the care receiver responds to care. Given the individual's vulnerability to the actions of others, the carer must make an effort to understand the impact that care may have (Barnes, 2006). This is particularly important as practices intended to be caring may be disempowering or degrading. The responsive carer remains open to the personal standpoint of the care receiver, rather than operating from the assumption that 'if was I being cared for, I would like things this way'.

Within this conceptionalisation, care is a concrete activity in that it involves performing tasks with competence in order to address a particular need. It is also a moral orientation or set of values that guides people in their lives (Sevenhuijsen, 2000). Although Tronto (1993) argues that to care well it is necessary to integrate all four elements into one's actions, Barnes and Brannelly (2008) emphasise that this is not a prescription. The ethic of care draws attention to the care receiver, the care giver and the relationship between them. Good care requires continual negotiation between those providing and those receiving care. It is a process of building an understanding of the unique needs of the individual and what is possible within the particular context and its specific resource constraints.

Working within Tronto's (1993) framing, Barnes (2006) emphasises that care does not simply arise out of relationships but takes place through relationships. A number of studies of support workers stress that the work is largely relational in nature and requires a sustained and often reciprocal emotional connection to the service user (see for example, Stacey 2011). The support worker with his or her sustained and regular contact with the service user is ideally positioned for such relational work. Also, some support workers argue that their status as 'non-professional' imbues them with an accessibility and equality with service users which is unavailable to their 'professional colleagues' (Manthorpe et al., 2010) and as such, may be in a position to effectively develop relationships.

The centrality of relationship formation also brings to the fore the carer's personal characteristics and what Wosket (1999) refers to as 'the use of self'. Edwards and Bess's (1998) discussion of therapeutic relationships is illuminative. In

constructing relationships, the practitioner does not simply offer skills and knowledge but themselves as a person – their values, their empathy and their personal characteristics. Practitioners mine their personal qualities in the service of caring practice. Wosket (1999) stresses the practitioners' conscious 'use of the self' as a central part of this process. The way in which practitioners apply themselves, make their personhood present and extend aspects of their personality into the encounter in order to influence the user are crucial to the effectiveness of the intervention.

Such 'use of self' can come at considerable personal expense. Stacey (2011) notes the way in which support workers may become a kind of emotional proletariat for whom the presentation of self becomes a core requirement of the job. Focusing on the concept of emotional labour, Stacey (2011) argues that such workers are required to transmute private feeling into public displays of emotion for commercial rather than personally satisfying purposes resulting in the alienation of the self. However, Stacey's (2011) research convincingly demonstrates that the long-term relationships with service users associated with such labour are not necessarily alienating as they can generate genuine feelings of companionship and satisfaction as well as contribute to the formation of identity and a sense of self.

In conclusion, Tronto's (1993) ethic of care draws attention to key aspects of support worker caring practice that will frame the discussion of learning to come in subsequent chapters. Effective care incorporates relationship work and the 'use of self'. It involves developing a nuanced understanding of the individual's needs

and taking responsibility for meeting these in an engaged and personally responsive fashion. Effective care involves concern with one's own level of competence. However, these theories seem somewhat asocial and overlook the socially situated nature of practice. Effective care is not simply determined by the confluence of service user and practitioner needs or personal qualities. In the final section, care will be considered within its social context.

1.5. The social context of care

Care can be inattentive, inauthentic, incompetent or unresponsive. Concerns have ranged from the lack of dignity in care for older people to accounts of the abuse and exploitation of people with learning disabilities (Humphries, 2010). Other accounts have focused on systemic failures such as the Healthcare Commission's investigation into poor practice at the Maidstone and Tunbridge Wells NHS Trust. High-profile reports such as 'The Point of Care' (Goodrich and Cornwell, 2008) or 'Delivering Dignity' (CIDC, 2012) have made similar points regarding a lack of compassion, empathy, responsibility and respect among practitioners.

The underlying reasons for poor care are varied. Research into the role of context (Eraut et al., 2004), communities of practice (Lave and Wenger, 1991) or activity systems (Engeström, 1999a) all suggest that performance will be shaped by the dynamics of the practitioners' organisation. Goodrich and Cornwell (2008) argue that the construction of good practice is not only shaped by the actions of the individual staff member, but also by the functioning of the team, unit or department. Although they identify the necessity of leadership in promoting appropriate behaviour, ensuring training, matching capability to demand and

holding staff accountable for good care, they also take a much broader view. The setting's culture shapes the quality of care.

A similarly socially situated perspective emerges in other accounts. The quest for ever greater levels of efficiency, the outcomes-focused approach and work intensification associated with the New Labour years has been seen as a factor undermining effective care (Bolton, 2004). Beresford (2008) makes a similar point arguing that the outcomes-focused approach permeating health and social care create conditions in which care is all too often performed mechanically while communication, social contact and relationship building are underplayed. High workloads limit time available for service user contact (Bolton, 2004), a point made repeatedly by the RCN who argue that understaffing undermines the practitioners' capacity to provide good care (see for example, Trigg, 2012).

What these arguments suggest is that despite the description above of caring practice as predominantly emerging out of the unique interaction between service user and practitioner, organisational factors can be a significant determinant. However, Holloway (2006) warns against sociological reductionism. While she accepts that structures, cultures, practices and discourses play a part in care giving, one must also attend to individual dispositions, capacities and psychological processes. Goodrich and Cornwell (2008) have also highlighted the role of individual factors in the construction of good care including morale, attitudes and values. CIDC (2012) make a similar point arguing that services should recruit on the basis of values. Such statements emphasise a perspective closely aligned to essentialist perspectives of care in which effective practice rests

upon inborn or natural qualities, an attitude which has emerged in some studies of support worker practice (see Stacey, 2011). In short, interactions cannot simply be seen as externally determined. Rather, an approach which brings together individual and social context is required.

1.6. Conclusion

There is a need to develop a better understanding of support worker learning. As discussed, role extension, an increasing awareness of the sophistication of caring practice, the need to develop the esteem of the sector and workforce regulation have all made the professional development of support workers a particular priority in the health and social care sector. More needs to be known to guide such efforts and yet there are few studies into the learning of support workers. This deficit in research is problematic considering the large numbers of support workers in the health and social care sector. What research does exist tends to stress training or education. There is very little research examining support worker learning as a practice-based activity. Furthermore, given the way in which organisational context shapes practice, there is a need to understand learning, or the lack of it, as a socially situated activity. The following chapter will present the framing for practice-based learning which will be used to guide this research.

In addition to understanding how support workers learn, some attention needs to be given to what is learnt and in what context. It was argued that support worker practice consists of multidisciplinary working and a person-centred orientation concerned with supporting service user independence. In order to find a unitary concept that covers a diverse range of support worker roles, this chapter

established caring practice as a focus for this research. Effective caring practice is seen as involving relationship work, the use of self and is tailored to the particular needs of the service user. As such, care emerges out of the unique confluence of service user needs, practitioner qualities and the nature of the surrounding relationship. Certainly, care can be poorly performed. Such instances can be understood as a reflection of both contextual and personal qualities. This concept of care will remain a central framing for the discussion of how support workers learn in the chapters to come.

Two concluding points can be made here. The first is that despite the entry-level and low-status of support workers, they may be asked to take on complex or sophisticated work. This research does not assume that sophistication is solely a property of the practice of registered workers. The second concluding point is that if effective care is closely related to both contextual factors (including the service user-practitioner relationship, the team, organisational and political levels) and individual factors, then the way in which learning is investigated should take into account such a conceptionalisation. This issue will be discussed further in chapter two.

Chapter 2 Practice-based learning: participation, agency and identity

2.1. Framing practice-based learning

There is considerable unanimity about the key parameters of the conceptual landscape of practice-based learning. Theorisations of practice-based learning can be grouped into two broad categories – ‘learning as acquisition’ and ‘learning as participation’ (Sfard, 1998). Grounded in cognitive psychology, ‘learning-as-acquisition,’ emphasises mentalistic explanations of mind, action (Lave and Wenger, 1991) and identity (Sfard, 1998). Mind is elevated over body and learning is seen as “filling a vessel” or gaining a command of a set of ideas that can be articulated and have universal applicability (Felstead et al., 2005). This metaphor directs the researcher’s attention to the individual and their mind operating in isolation from their surroundings (Guile, 2006).

Felstead et al. (2005) argue that the acquisition metaphor holds particular sway in UK policy. Learning and competence is typically represented as acquired human capital endowments - qualifications, years in education or training attended in order to gain a command of a stockpile of knowledge. As chapter 1 argued, when inadequacies about support worker practice are identified the solution is put in acquisitive terms as a need for qualified staff. Furthermore, the dominance of this perspective casts the “unqualified”, such as entry-level support workers, as of concern (see Webb, 2011, for example) regardless of their levels of experience. There is an assumption that what is required, as Guile (2006) argues, is the possession of a form of capability greater than experience of workplace practice -

abstract knowledge which is assumed to possess context-free applicability. Those wearing the markers of such knowledge – academic qualifications – have available to them a particular form of symbolic power. This power can be drawn down collectively as in the professionalisation of an occupational group who predicate membership on the basis of education and registration (Edmond et al., 2011). A review of the literature suggests that support worker learning has been predominantly framed as a process of acquisition.

The acquisition metaphor is not necessarily concerned with educational experience, though much of what is taught in such institutions appears framed by acquisitive premises. The metaphor refers to a conceptualisation of the learner and the nature of their mind, capability and relationship to the world. This means that practice-based learning can be viewed in acquisitive terms. For example, learning transfer from educational to workplace settings has been framed as a process of establishing the right kinds of abstract principles and skills that will move between contexts (Tennant, 1999). Similarly, Hager and Halliday (2009) argue that acquisition-based theorisations can be found in Schon's (1983) description of the reflective practitioner or Argyris and Schon's (1974, 1978) work on espoused theory and theory-in-use or single and double loop learning. Despite the considerable emphasis on acting within a particular context which provides the 'meat' for reflection or theory construction, these theories emphasise the individual who learns by thinking or reflection followed by application of the product of these processes.

The limitation of such acquisition-based conceptualisations is that they overlook the way in which learning is constituted by social, organisational or cultural factors that extend beyond the individual. Practice is structured by the social and material context (Edwards, 2005) which as argued in chapter 1, exert a powerful influence on how care proceeds. Moreover, it is difficult to conceptualise care work with its embodied skills and emotive dimensions adequately within an acquisitive framing.

In contrast, Sfard's (1998) second metaphor 'learning as participation' frames learning as embodied action within the social and material world. Through contributing to the goal-driven practices of a particular setting, individuals appropriate its tools and meanings, develop a capacity to communicate in its language and operate according to its norms which in turn lead to the development of an identity of belonging. This is a process in which the inter-psychological nature of social practice structures human action and in doing so, creates an intra-psychological legacy which can be termed learning. This intra-psychological legacy is not the totality of human ability but rather, capability or intelligence is seen as distributed across the social and material world. Moreover, the intra-psychological legacy and associated capacity to enact a practice is not a carbon copy reproduction but a reconstruction in response to situational demands – practice is changed which provokes change in others making learning inherently intertwined with activity in the world (Lave, 1996). Human capacity and social practices are mutually constituted. Therefore, learning as participation is a perspective stressing 'knowing,' 'acting' and 'belonging' - terms infused with assumptions of understanding in constant flux therefore, never-ending learning

(Sfard, 1998). Moreover, analysis focuses on the character of workplace, organisation and practice, both in its social and material terms.

Sfard (1998) did not intend her metaphors to be mutually exclusive with one superior to the other. Acquisition as the transformation of mind and body is as much a part of learning as community building and becoming a participant. In this research, learning will be framed within the participatory metaphor on the basis that this perspective best captures the way in which caring practice is constituted by the social and material conditions of the workplace. Furthermore, it pursues this argument on the basis that forming a better understanding of the participatory practices of learning can lead to the reorganisation of workforces in a way that enhances practitioner capability (Felstead et al., 2009). Finally, the participatory metaphor is adopted to explore an aspect of support worker learning that has been neglected in favour of acquisition-based approaches. However, before going further, the nature of learning will be more clearly defined.

2.2. Learning

In the previous section, learning was presented as the intra-psychological legacy of inter-psychological processes. In other words, learning refers to within-person changes which modify the way in which the world is interpreted and acted upon (Edwards, 2005). This definition embraces a range of potential within-person changes and could incorporate the acquisition of sensorimotor skills, a grasp of theory, and reflective capability (Kennedy, 1987) or qualities of being such as refinements of one's values, ethics or personhood (Higgs et al., 2004). However, the capacity that cuts across all aspects of learning is that of meaning making.

Meaning making is the process of construing patterns within experience by bringing past understandings to bear on the present, reconciling differences and constructing new understandings (Billett, 2010). All aspects of learning discussed above incorporate judgement and reasoning - even the most embodied sensorimotor abilities have associated meanings as the individual decides when to employ a particular skill and determines its success. Furthermore, in understanding learning to provide caring practice (the unique confluence of service user needs, practitioner qualities and the nature of the surrounding relationship), meaning making is an apposite core process.

This focus on meaning making has particular resonance with Weick et al.'s (2005) account of sense making as a micro-process of personal change. Viewed as a sense making agent, the individual strives for order and predictability through the organisation of the flow of experience by applying or generating categories to guide action. The individual acts upon the world on the basis of these categories and in attending to outcomes reconsiders, reinterprets and acts again on the basis of the reconstructed understanding of the situation. Learning arises out of a dynamic tension in which the patterning arising out of past experience is abstract while situations are concrete, idiosyncratic, constantly changing and therefore demand interpretation (Weick et al., 2005). In other words, the agent and the world are in constant tension because all individual actions respond to the particulars of the moment which are somewhat discrepant from expectations and as a result, lead to changes in meaning making (Lave, 1996).

These tensions, discrepancies or contradictions can generate a particularly pronounced sense of disjunction (Billett and Pavlova, 2005, Jarvis, 2006) that can profoundly challenge presuppositions, world views, values, beliefs and understandings (Barnett, 1999). The experience of disjunction is characterised in part by emotional arousal that the individual strives to reduce by bringing what is known and experienced into line (Jarvis, 2006, Lave, 1996, Weick et al., 2005). Take for example, Clouder's (2005) description of students challenged by the paradoxes of caring for those who do not want to be helped, or can not be cured. The experience of disjunction creates an unsettling or uncomfortable liminal state for practitioners who resolve it by reconceptualising caring. In other words, the practitioners learn from their experience. Such experiences take time to be made sense of, but because practitioners must continue to provide care, they may operate with a sense of inauthenticity or mimicry until their worldview changes. Learning is not the only possible outcome though. The individual may reject the relevance of the experience or attempt to change the situation to bring it into line with their understandings (Jarvis, 2006). In other words, individuals may elect not to learn from experience.

Sense making is profoundly social. Take for example, the nurse caring for a sick child described by Weick et al. (2005). This nurse builds her understanding through interactions with others and drawing upon socially acquired conceptions, tools and practices such as diagnostic categories, collectively generated case notes, methods of measuring vital signs and evidence-based responses to the diagnosis. As such, sense is not made in any single element of the social system but is distributed across it. Furthermore, diagnoses enable the agents in the

system to establish a common understanding which mobilises collective action. So, as Rogoff (1995) argues, learning emerges out of people working with others, striving to reach a particular goal, puzzling out situations on the basis of their own and shared history. There is a further dynamic of interest here. As meaning making is a social process, the individual exerts effort to maintain interaction with others through resolving conflict, maintaining a positive social atmosphere, planning activities outside of work and bantering (Collin and Maija Valleala, 2005). Meaning making demands effort both cognitively and socially.

To summarise, learning can be seen as a socially-based process of meaning making provoked by the tension between the individual's pre-existing understanding and action in the world. By locating this definition of learning as socially-based, the next section will explore conceptions of social participation.

2.3. Participation

The participatory metaphor stresses that learning arises through engagement in the material and social world. This section discusses the nature of participation first by presenting two influential learning theories – communities of practice and activity theory – and then, drawing from across the conceptual territory, establishes a description of learning through practice.

The conceptual territory of learning through participation is broad and diverse. Situated learning theories include work on communities of practice (Lave and Wenger, 1991, Wenger, 1998) and Eraut's (1994, 2009) two decades worth of research into professional workplace learning. Like Lave and Wenger's (1991)

work, the socio-cultural theories, have roots in a reinterpretation of Vygotsky's (1978) theorisations and include Engeström's (2001) activity theory, Edwards' (2010) relational agency, Wertsch's (1998) work on tools and Billett's (2004) notion of co-participation. Some work such as Fuller and Unwin's (2004) theory of expansive and restrictive learning environments appears to fall within both camps. There is also a body of work descended from situated learning theory but critical of communities of practice as proposed by Wenger (1998). This work draws from the work of Pierre Bourdieu (1977) in conceptualising the importance of the learner's biography (Hodkinson et al., 2004) and cultural practice in learning (Hodkinson et al., 2008a, James and Biesta, 2007).

The literature review that follows establishes some core premises of learning as participation through a brief discussion of two seminal and influential views of learning through participation - communities of practice and activity theory. Common conceptual ground between these two perspectives will be identified through a discussion of the nature of practice and its link to the learning experience.

2.3.1. Communities of practice

One of the central concerns of Lave, one of the originators of the concept of communities of practice (CP), was to examine the way in which thinking and action are structured by material and social conditions and in doing so, result in a cognitive legacy – learning (Lave, 1996). The notion of the CP she developed with, and taken further by Etienne Wenger (Lave and Wenger, 1991, Wenger, 1998) rested on the observation that learning arises out of engagement in a

configuration of social relationships tied together by shared meaning, a sense of belonging and focused on the pursuit of a shared activity. In Lave and Wenger's (1991) model, newcomers learn through participating in the activities of a CP, engaging with more experienced colleagues and progressing onto tasks requiring greater responsibility and capability. Learning arises out of the changing nature of participation and involves aligning one's skills, knowledge and identity with the community's regime of competence. As Wenger (1998) argues, learning changes who we are by changing our ability to participate, to belong and to negotiate meaning.

Lave and Wenger's (1991) work highlights that much learning arises out of doing the work rather than engaging in educational activity, a premise which can be found in the work of other researchers (see for example, Eraut, 2011). Legitimate peripheral participation represents an assertion that 'informal learning' is not ad hoc or disorganised but structured, sequenced and laden with values, a point which has been expanded on in detail by Billett (2002a). As such, the organisation of social and material space will impact on the quality of an individual's learning - an idea underpinning Fuller and Unwin's (2004) ideas of expansive and restrictive learning environments. These are all points legitimising practice-based learning as a line of enquiry and directing attention to its dynamics.

As helpful as the theory is, Lave and Wenger's (1991) account has been criticised, sometimes unfairly, for ambiguity or underdevelopment. However, addressing such ambiguities can helpfully illuminate the dynamics of learning in a CP. Some scholars have difficulties distinguishing a CP from other social groupings. Eraut

(2010) argues that a CP-based analysis is irrelevant to understanding practice-based learning. A newly qualified practitioner may only interact with a few people – this learning is hardly a communal experience. Edwards (2005) makes a similar point by highlighting the wide range of social groupings available that resemble a CP – for example, what distinguishes a CP from other social groupings such as commuters in a queue of traffic who are effectively engaged in a joint enterprise with a shared repertoire? Responding to both examples draws attention to the centrality of belonging and the construction of identity in the conception of the CP. Edwards's (2005) commuters would not constitute a CP because a trajectory of membership and identification with others in the queue is not part of their experience. In contrast, regardless of the isolation of Eraut's (2010) newly qualified practitioners, their development can be described as a process of developing an identity as a nurse or social worker which involves accountability to a particular regime of competence, at least in terms of Wenger's (1998) description of belonging as an act of imagination. Belonging and membership are important issues in explaining learning and, in some cases, non-learning (Hodges, 1998).

The conceptualisation of old-timers and newcomers needs further development. Lave and Wenger (1991) appear to see newcomers as *tabula rasa* - naïve and inexperienced rather than practitioners whose experience in other CPs equip them to make sophisticated contributions (see for example, Fuller and Unwin, 2003). Furthermore, in emphasising the newcomer's inward trajectory, the nature of old timers' learning is underplayed (Fuller and Unwin, 2005). The old timer's learning is significant because the ever changing context of practice demands

constant change and improvisation from all practitioners (Burkitt et al., 2001). All practitioners must develop and adopt different practices and perspectives (Wenger, 2000). In addition, the ongoing intake of newcomers introduces new perspectives which may impact upon the practices of the community (Lave and Wenger, 1991). When old timers strive to adapt to and adopt any new practices, they must surely move outside of what is termed central participation to a more peripheral position until they can more closely align to the communal regime of competence. Therefore, legitimate peripheral participation is a process that applies to all participants in the CP.

In Lave and Wenger's (1991) work, old timers are in danger of being displaced by newcomers. The potential for displacement hints at the contested nature of practice-based learning but is a point which receives little analysis in their work. As chapter one suggests, competition between workers for recognition and to protect particular domains of work are much more widespread than the tension-filled relationships between generations. When it comes to theorising learning through participation, the contestation of work is a significant part of the support workers' experience and needs to be considered. This point will be returned to in section 2.5.

A further ambiguity relates to the stability of practice. Eraut (2002) argues that instability, inner contradictions and multi-voicedness is all but absent in Lave and Wenger's (1991) analysis. This is a slightly unfair criticism as such issues are mentioned but lack much in the way of analysis. Furthermore, a close reading of Lave and Wenger's (1991) work suggests that the entry of newcomers was

carefully managed to be as smooth as possible by offering them modes of practice that were largely stable and unproblematic. Lave and Wenger do not deny instability, but this aspect was not central to their account of apprenticeship. Even so, in order to analyse participation that leads to the generation of new forms of practice rather than its reproduction, the discussion must turn to activity theory.

2.3.2. Activity theory

On the surface of it, Engeström's (2001) description of an activity system (AS) as individuals or groups with a shared object working together and using tools to achieve a particular outcome appears similar to Lave and Wenger's (1991) CP. Where Lave and Wenger (1991) offer the CP, Engeström presents individuals acting within an AS constituted out of a particular array of rules and norms, community and a division of labour. Arguably the concern of Lave and Wenger (1991) was with the way in which learning arises out of a desire to participate in, and belong to a CP. In contrast, Engeström (2001) is much more focused on the transformation of practice and so his work is particularly concerned with the AS as unstable and in flux with the individual, shaping as well as being shaped by the social and material world. In contrast to the predominantly consensual space of the CP, the AS is a place in which questioning of authority, criticism, innovation, initiation of change and inner contradictions are typical features of practice (Engeström and Miettinen, 1999).

In considering the production of practice, historicity is of particular significance. In a CP, a practice's tools reflect particular methods of achieving an outcome established in the past (Lave and Wenger, 1991). Therefore, learning to use a tool

in a CP is not only an act of accessing a practice's history but can represent the constraints of an established way of doing things. However, such constraint may be limited. The CP's practice evolves over time as new participants join (Lave and Wenger, 1991) or challenges are addressed through different approaches (Wenger, 2000). This view of historicity resonates with that presented in activity theory. Engeström (2001) argues that an AS's practice can only be understood in terms of its local and global history. A historical perspective reveals that the adoption of a new element such as an object or tool can "collide" (p. 57) with elements that have been established over time and no longer fit with established ways of doing things.

For Engeström (2001), internal contradictions are the driving force of change. Warmington et al. (2004) who brought activity theory to bear on multiagency working in health and social care (HSC) describe the way in which contradictions provoke individuals to deviate from established norms which may escalate into collaborative envisioning and collective change efforts. Engeström (2001) terms such changes as expansive learning – the group radically questions its practice and generates alternative objects and ways of doing things. To take an example from chapter one, the contradiction around an inability to meet service demand led to a reconceptualisation of established roles. Nurses started performing some doctors' tasks and support workers adopted nursing activities. This resolution introduced what Engeström (2001) would refer to as an aggravated secondary contradiction as the support workers' new practices collide with the historically established routines in which this occupational group are not registered and appear more autonomous provoking fears for public protection. This contradiction provoked

further system wide learning as regulatory systems are investigated. A significant feature of these transformations as an act of expansive learning is that what is being learnt is not a well defined body of knowledge transmitted between participants. The expansive transformation involves the generation of a new form of practice such as a new type of worker, team configuration or regulatory system.

Critics of Engeström's (2001) work have argued that contradiction carries too much explanatory weight (Hager and Halliday, 2009). This is a misapprehension of Engeström's (2001) work. Contradiction is not the only aspect of his learning theory as he acknowledges that much learning arises out of individuals acting within the social and material world to produce something of value (Engeström 2001). What is more problematic though, is that the extent to which Engeström and Miettinen (1999) consider practice as mutable is unclear. Hodgkinson et al. (2008a) in their cultural account of learning note that practice can not be reinvented at will. Artefacts and institutions reify particular ways of doing things. Participants' expectations influence what acts are considered possible. Such expectations may be unconscious but still rest upon values and ideals which establish normative expectations about good practice. As such, practices have endurance and yet an amorphous, difficult to challenge quality.

To summarise then, this section discussed the way in which participation generates learning in order to establish some foci for the work that follows.

Participation in a CP yields learning for both experienced and inexperienced workers through a structured process of engagement in workplace practice.

Workplaces vary in their potential to support learning and are also contested sites,

a point which will be developed further in section 2.5. Participation has implications for identity and belonging – this will be explored further in section 2.6.5. Activity theory highlights that learning is more than social reproduction but also involves the transformation of practice which Felstead et al. (2009) argue can be seen as a partial redefinition of the participation metaphor as ‘learning as co-construction’. The next section discusses participation in more depth by defining practice as the central concept.

2.4. Practice

This section explores the characteristics of practice-based learning drawing from both situated and sociocultural learning theories. Before doing so, some terms need to be set. Firstly, the ‘generic social thing’ (Schatzki, 2001, p. 10) – the activity system, the community of practice, the learning culture, the learning environment and so on - is referred to using quite different terms. Terminological consistency is needed. Second, there is an issue of differences in scale when drawing together these different theories. The conception of learning may centre on a local configuration of people as in Lave and Wenger’s (1991) CP or the much broader organisational and inter-organisational perspective of third-generation activity theory (Engeström, 2001). Third, there is a conceptual challenge in characterising the individual's relationship with the social world in a way that moves beyond agent-structure dualisms or a deterministic view of social structuring on one hand, or free will individualism on the other. After all, both CP and activity theory stressed the way in which the individual was both structured by the surrounding milieu and a force for change.

Moving beyond dualisms and questions of scale, social theorists such as Bourdieu (1990b) and Giddens (1991) offer up *practice* as a central concept in the characterisation of the relationship between the individual and their social world. Reviewing the broad range of work in a variety of theoretical traditions, Schatzki (2001) defines practice in terms resonant with both activity theory and CP – “embodied, materially mediated arrays of human activity” (p. 11) and interpersonal interaction mediated by artefacts and organised around “some shared practical understanding” (p. 11). Following Edwards (2010), the predominant focus of the discussion to follow focuses on what she refers to as the middle layer of relational action– the practice – which lies analytically between the system and the individual but is connected to both.

The following review discusses five elements of practice which shape learning:

- i. as engagement in the social and material world,
- ii. as goal directed,
- iii. as embodied,
- iv. as involving implicit learning through work activity and explicit instruction through educational participation,
- v. as a subjective and situational reconstruction and,
- vi. alignment.

2.4.1. Practice as engagement in the social and material world

Engaging in daily work activities incorporates interacting with social partners, tools and materials in order to access the norms, discourses and understandings that constitute the requirements for competent performance at work (Billett 2008).

Although an individual may enact an action, activity must be seen as a collective, cooperative venture with knowledge, as suggested by Hutchins (1996), emerging as distributed across practitioners and tools. In understanding practice-based learning therefore, it is not the individual alone who is the unit of analysis but also the surrounding social and material world (Lave, 1996).

This is a social world which must be ‘worked’ in order to access the resources of practice. Practice-based learning requires active engagement with social partners, pushing oneself into challenging situations (Fessey, 2002b) and facing awkward issues (Engeström, 2001). Learning also involves a certain degree of relationship work - sustained effort from participants including managing tensions and disagreements which in itself demands a certain amount of negotiation, communication, tact and conflict management (Collin and Maija Valleala, 2005).

Practice also incorporates the material world. Practice will be shaped by the physical layout of a setting (Billett, 2002b, Eraut, 2011, Stokols and Shumaker, 1981). Also, tools as the means by which others, past and present, have successfully addressed the challenges and goals of practice (Engeström, 2001), will frame and embed particular approaches to tasks (Wertsch, 1998, Hutchins, 1996). Moreover, practitioners offload their memory onto tools which come to represent what can be considered relevant knowledge (Edwards, 2010). For example, risk assessment of young offenders is structured by the ASSET tool. Baker (2005) argues that the tool is a way of eliminating the problems of practitioner bias and inconsistency in assessment by directing attention to factors which past research has shown to contribute to the risk of offending. It also

enables organisation-wide aggregation of data (Baker, 2005). Thus, the tool structures activity, carries and contributes to collective memory and incorporates implicit values of fairness.

Tools are not simply material artefacts but incorporate signs and symbols (Engeström, 1996). So, in addition to physical objects like blood pressure monitors or whiteboards displaying a work roster, tools may also include systems of signs such as the Makaton sign language and concepts - diagnostic categories or conceptualisations of principles for care such as person-centred practice. Tools can be seen then as offering affordances for action that would otherwise be inaccessible (Wertsch, 1998). Having access to tools can connect individuals to information flows and conversations that give rise to learning (Lave and Wenger, 1991). Finally, they may also be the means by which powerful groups exclude people from particular practices. For example, support workers may be prohibited from writing service user reviews thus excluding them from assessment tasks and review meetings.

2.4.2. Practice is goal directed

Practice is goal directed and focused on producing something of value (Wenger, 1998). For example, Edwards describes a team of practitioners working together to ensure a child remains in education, a purpose derived from the knowledge of values embedded in institutional practices (Edwards 2010). Competence is defined as being able to contribute to and achieve such purposes (Wenger 1998).

A practice's goals are not homogenous. An actor may have multiple goals. For example, a newly qualified practitioner may be focused on addressing service user needs and establishing relationships with the team (Black et al., 2010). Different actors may be pursuing quite different ends (Lave 1996). To return to Edward's (2010) example above, a social worker focused on preventing risk of harm will have a different goal, sense of developmental trajectory and working practices to a teacher predominantly concerned with educational attainment. Practitioners working within this polyphony of purposes must find some alignment in order to progress their goals. Irreconcilable differences may represent contradictions resolved through social exclusion, exiting the practice (Fessey, 2002a) or reshaping purposes (Engeström, 2001).

While many people enter a practice aiming to achieve particular social or personal goals, particular learning outcomes may not be explicitly considered (Lave and Wenger, 1991). This is not to say though, that participants in a practice would not be aware of a need to develop their understanding of unfamiliar situations or tasks. For example, newly qualified nurses wanted more than immersion in practice but needed their beginner status acknowledged through special provisions such as mentoring or regular feedback (Miller and Blackman, 2003). Similarly, even experienced practitioners entering a new setting may experience culture shock or the challenges of negotiating a transition into a different kind of role (Thomas et. al., 2008). However, as the key purposes of public sector workplaces is meeting delivery targets, not supporting learning (Felstead et al., 2009), such goals present a tension with practice.

So in understanding practice-based learning, it is important to recognise that heterogeneity and potential contradictions in goals set up an irreducible tension between the individuals' purposes and the social world in which they act. However, such tensions are important to recognise as these are what provide the practice with its potential for change (Wertsch, 1998).

2.4.3. Practice is embodied

People participate in practice as a whole person – acting and feeling as well as thinking - and as such, learning is an embodied process (Lave and Wenger, 1991). Elkjaer (2009) working from Dewey (1917 [1980]), argues that the individual's continuous interaction with the world does not simply yield propositional knowledge but emotional states and aesthetic appreciation. Similarly, Felstead et al. (2005) argues that practical skill development incorporates a 'sixth sense' – a feeling for the action – located not in the head but in the body. Much HSC work is based upon such embodied sensibilities. Understanding pain, a soothing touch or scratchy bed sheets, for instance, are matters of embodied awareness (Forbat, 2005). Knowing that a touch, the tone of voice or physical support is appropriate or not is located in embodied feelings (Hamington, 2004).

To be a competent carer involves an embodied competence originating from caring for others and being cared for oneself (Hamington, 2004). Observing experts who embody the ability can convey understandings too complex to be expressed through language or memorised as an abstract principle to be enacted sometime in the future (Lave and Wenger, 1991).

Such sensibilities are not only embodied but also incorporate meaning (Elkjaer, 2009). So, while an embodied practice may be taken for granted or automatic it can also be reflected upon or made sense of. A bodily habit of care may be overridden after reflection on its likely effects or in order to pitch behaviour in a manner more appropriate to the circumstances (Hamington, 2004). For example, recognising that an encouraging tone may invite manipulation or unreasonable demands from particular service users, a support worker may consciously adopt a different manner.

So, to understand learning as cognitive development alone is to overlook personal capacities that are predominantly embodied and which operate according to principles that are difficult to articulate.

2.4.4. Instruction and educational participation

Asserting that very little direct and explicit instruction was observed in CPs, Lave and Wenger (1991) argue that most learning takes place though engaging in work practice. Does this suggest that teaching and explicit guidance are of minimal importance? Engeström (2001) stresses the importance of expert facilitation in expansive transformation. Much of this activity work is carried by co-workers or outsiders with specialist knowledge. Billett's (1999) description of guided participation appears similar to legitimate peripheral participation though he also stresses direct and indirect guidance as well as feedback and scaffolding.

Research in HSC settings notes a number of explicitly learning-focused activities such as mentoring, supervision, shadowing or seeking advice (Eraut, 2009).

Support workers may have a role in providing such guidance (Fessey, 2002b).

More radical though, is Lave and Wenger's (1991) rejection of the role of the acquisition of abstract representations in learning and the place that such things may have outside of educational settings (Guile 2006). In essence, accounts of practice-based learning such as Lave and Wenger's (1991) have a tendency to sideline the place of educational experience (Rainbird et al., 2004, Pillay and McCrindle, 2005). This is not to say that practice based learning leads to an inferior form of knowledge to that obtained in educational settings (Billett, 2010) or to see it as equivalent (Guile, 2006) but to acknowledge the role of educational experience in developing practitioner capabilities.

Most literature on educational experience for support workers is concerned with the experiential, non-academic National Vocational Qualifications¹ (NVQs) and competency-based in-house training. Some mention is made of mentoring (Hancock et al., 2005). Academic courses are a minority yet growing option (Forrester-Jones and Hatzidimitriadou, 2006, NHS Northwest, 2007) including foundation degrees (Chaney et al., 2005, Priestley et al., 2003, Thurgate et al., 2007) but these efforts have been dwarfed by the take-up of NVQs in England and Wales.

NVQs were strongly promoted by the Government within the English HSC sector to ensure service standards (Young, 2011). Specifically, the National Health Service required all healthcare assistants to attain a level 2 NVQ (Webb, 2011). In social care, the Union Unison claims that opportunities to achieve a NVQ has

¹ NVQs have since been superseded by the Qualifications and Credit Framework.

improved qualification levels (Mithran, 2009). Indeed, by 2008, approximately two thirds of staff in social care had achieved a level 2 NVQ (CfSCI, 2009) though as noted in chapter one, not all of these may be related to the sector.

Even so, NVQs were widely criticised by employers and academics (Young, 2011). Seen as superficial and inappropriate for the complexities of vocational practice, the competency-based approach was criticised for its reductionism (Coffey, 2004). By focusing on a fragmented set of observable competencies, assessment through NVQs neglected tacit abilities potentially deskilling and trivialising the workforce's capabilities. In their emphasis on evidencing doing over developing knowing, some felt they offered an experience disconnected from learning (McBride et al., 2004).

Nevertheless, NVQs can be seen as a success story for support workers in some parts of the NHS (Young, 2011). Cox (2007) argues that the characteristics of what Fuller and Unwin (2004) refer to as expansive learning environments determined the success of some NVQs. In such environments, roles and opportunities for career progression were structured in such a way as to support and motivate the acquisition of new knowledge and skills. The college-based teaching was closely connected to organisational need and covered both theoretical understanding and practical skills. However, teaching was not the only learning intervention. Practitioners received a range of interventions including mentoring, on-the-job teaching and clinical supervision. Managerial and collegial support was also essential. Practitioners were encouraged to work towards an NVQ and managers strictly policed the quality of the tuition. In other settings –

restrictive learning environments (Fuller and Unwin 2004) - such benefits may not be as accessible.

To some extent, the criticisms of NVQs appear founded on a belief that caring practice requires complex capabilities, artistry and reflectiveness – premises introduced in chapter one. Sutton et al. (2004) and Coffey (2004) have stressed the need for theoretical knowledge in the support worker repertoire. For example, foundation degrees mixing academic and work-based activity have been developed foregrounding the opportunity for support workers to progress in their careers (Conner and McKnight, 2003, Priestley et al., 2003, Thurgate et al., 2007). Such programmes bring together competency-based approaches with academic study and reflective practice (Priestley et al., 2003, Conner and McKnight, 2003). Such study is not straight forward. Difficulties connecting theory and practice have been noted (Wilson and Blewitt, 2005). The author of this PhD, Chris Kubiak and colleagues Anita Rogers, Annie Turner and Anthea Wilson studied the practice-based learning of foundation degree students in health and social care (Kubiak et al., 2005, Kubiak et al., 2007). They found that workplaces struggled to support the work-based elements of the course and the students' career development.

As with NVQs, the impact of the educational experience of academic degrees was shaped by the nature of the workplace. Inspired by their study, students could find it difficult to instigate new practices – they were limited by their position in the hierarchy, organisational culture and policy as well as lack of access to forums where they could advocate change (Kubiak et al., 2005). Heavy workload, lack of

resources for change and lack of management back-up also inhibited changes to practice (Forrester-Jones and Hatzidimitriadou, 2006). In other words, as Lave and Wenger (1991) note, the situated nature of learning implies that taking an understanding of practice developed in one setting and enacting it in another is problematic. Like many authors in this area, Toal-Sullivan (2006) stresses the role of the social milieu in this process. Going from study to practice is not simply a process of transferring distilled abstract knowledge but involves its reconstruction within the practices of that setting.

To summarise then, instruction and educational experience have a role in practice-based learning though the effectiveness of such processes depends upon the character of the workplace.

2.4.5. Practice is a subjective and situational reconstruction

While individuals are actively involved in the production and reproduction of practice (Tucker, 1998), they do not simply inhabit, internalise and enact a carbon copy of the social suggestions projected by the world around. Each individual's understanding is a subjective reconstruction or construal (Billett, 2010, Hodgkinson et al., 2008a). As such, practice is a heterogeneous array of individual practices and understandings (Lave 2006). This section argues that this heterogeneity originates from personal subjectivities and situational demands.

Subjective reconstruction can be seen as arising out of an individual's socially-derived yet unique life history or ontogenesis (Billett, 2008). This individual history incorporates participation in specific social and material contexts which

generates unique cognitive resources and create a personally distinct stock of biographical resources (Keating, 2005). As a result, each individual is positioned to make personal interpretations and reconstructions of practice (Billett, 2008, Eraut, 2010).

Situational reconstruction arises out of improvisation in the moment. Not only is the practice context constantly changing (Burkitt et al., 2001), but an individual's knowledge is not sufficiently detailed to anticipate exactly the conditions of action (Keller and Keller, 1996). Doing and knowing is inherently inventive, reflecting the need for ongoing improvisation within specific circumstances (Lave 1996). To return to the conception of caring practice presented in chapter one, such inventiveness arises out of the requirement to respond to service users needs in a particular situation. However, no practice is completely reinvented at will. Improvisation draws from the social, material and experiential resources at hand (Lave 1996).

The heterogeneity of practice becomes a self-perpetuating system of subjective and situational reconstruction. The individual can be seen as surrounded by a polyphony of practices reminiscent of Engeström's (2001) multivoiced activity systems. So, as Billett (2008) argues, there is a lack of an objective or common basis for how work is enacted. The social suggestions of practice are never complete or unambiguous and as such are limited in securing a shared understanding or reproduced practice.

So, the ambiguous, multivoiced and ever-changing nature of caring practice demands that the individual actively and subjectively reconstructs practice within the limits of the various resources located within that practice. To return to caring practice as described in chapter one, responding to the particulars of the situation and the service user while drawing on the unique biographical resources creates an inherently unstable practice which pivots on subjective and situational reconstruction. Situational reconstruction implies that all action has an emergent quality which results from the continual feedback from external events. This feedback loop continuously refines, enriches or reshapes the individual's subjective constructions of practice which are then externalised through action in the world. This externalisation has the potential to transform and change the practice of others.

2.4.6. Alignment

This literature review argued that the goal-directed inter-psychological process of participating in the social and material world results in an intra-psychological legacy of meaning and embodied sensibility. Although individuals are 'structured' through their participation and engagement in a shared practice, their enactment of that practice is a subjective and situational reconstruction. Practice is a collage of individual enactments and can not be treated as a unitary or consensual social object (Barnes, 2001).

Despite this subjective and situational reconstruction, practice does not normally fall into disarray. Barnes (2001) argues that maintaining a degree of coordinated action confers the collective power to act and achieve goals. To that end, people

are engaged in acts of careful calculation and even creative imagination in order to remain coordinated with each other. As a result, reconstructions are usually similar enough to enable some coordinated action, identification and a shared sense of a regime of competence.

In this research, the shorthand term ‘alignment’ will be used to refer to this process of coordination with the collective. Alignment is in effect the counterpoint to the subjective and situational reconstructions made by individuals. Alignment involves individuals engaging in a process of constant adjustment and modification of practice (Barnes, 2001), a process which resonates with Lave’s (1996) claim that since participation in practice frequently demands such processes, it is inherently implicated in learning.

2.5. Co-participation

Workplaces can be seen as made up of a range of participatory opportunities – meetings, supervision sessions, training courses, work with particular service users – which offer the possibility of learning. However, Billett (2004) argues that affordances to participate in such opportunities are not distributed equally and may be unavailable to some practitioners. Furthermore, whether an opportunity is taken up will depend upon how it is perceived and engaged with by the individual. This relationship between workplace affordance and individual construal is termed co-participation and will be explored in this section.

2.5.1. Participatory opportunities and affordances

Studies highlight the broad and almost amorphous nature of workplace learning opportunities. Cheetham and Chivers (2001) researched informal 'professional learning' among dentists, accountants, civil servants, chartered surveyors, Anglican ministers and trainers and identified 13 learning activities ranging from collaboration or mentoring to perspective changing or unconscious absorption. Although a helpful account of 'professional learning', the model describes informal learning as an acquisition-based process and neglects the way that activity is structured by practice. Furthermore, despite the breadth of practitioner groups studied, Cheetham and Chivers (2001) completely neglect entry level occupational groups such as support workers.

Similar criticisms of the choice of participant groups apply to Eraut's (2009) study of early career nurses, accountants and engineers. His typology divides activities into three types – work activities with learning as a by-product, learning activities at or near the workplace and short learning activities – and in doing so, locates learning within a system of human and material agents engaged in meetings, working with clients, seeking advice, offering guidance and so on. An individual's learning is dependent upon the character and availability of these workplace participatory opportunities. Furthermore, by focusing on the situated nature of activity, Eraut (2009) demonstrates that workplaces vary in the affordances to engage in these participatory opportunities. Affordances for participation in such opportunities are not ad hoc or unstructured but reflect local goals, norms and role boundaries.

Billett (2004) describes the invitational properties for participation that foster development as learning 'affordances'. This concept has clear resonances with other theorisations. Lave and Wenger's (1991) concept of legitimate peripheral participation draws attention to the 'openings' that provide access to activities that develop understanding through growing involvement. Their description of legitimate peripheral participation as a potentially disempowering or exclusionary experience highlights the way in which affordances may not be evenly available. However, they offer very little in the way of analytical tools to characterise such conditions.

In contrast, Fuller and Unwin (2004) and more recently, Felstead et al. (2009) present an analytical framework characterising learning environments as either expansive or restrictive on the basis of two dimensions. First, organisational context and culture plays a significant role in supporting learning. So for example, an organisational context could refer to the "time-poor" nature of many HSC organisations resulting from inadequate staffing or increased workload which has consistently been shown to limit support worker opportunities to engage in development (Hancock et al., 2005, Sutton et al., 2004) and make changes to practice after attending courses (Forrester-Jones and Hatzidimitriadou, 2006). Cultural factors could incorporate Eraut's (2006) observation that in health care settings, the importance of a blame-free culture which provides mutual support to workers encountering difficulties supports practitioner learning.

The second dimension refers to the range of workplace participatory opportunities. Expansive environments offer practitioners substantial horizontal,

cross boundary activity, dialogue and problem solving (Fuller and Unwin 2004).

So for example, expansive environments for support workers offer more than opportunities to attend courses but a number of different spaces within and outside the team that support development. Access to such opportunities may be limited. For example, support workers can encounter difficulties accessing regular supervision (Coffrey 2004; Ellis and Connell 2001) and in some organisations find that their knowledge of service users is not valued and they are not invited to participate in handover meetings (Spilsbury and Meyer 2004).

Fuller and Unwin (2004) see their expansive-restrictive characterisation as existing on a continuum. Organisations are not simply one or the other. Moreover, these two dimensions interact. The participatory opportunities available in an organisation may be rendered inaccessible through the organisation of work. For example, in care homes for older people, night workers worked shifts with minimal staffing, few opportunities to communicate with others, little supervision and limited access to training (Kerr et al., 2008) - a much more restrictive learning environment than that of the day shift. Work settings need to be understood in terms of the micro-conditions of particular teams.

That opportunities are distributed unevenly deserves further attention. Lave and Wenger's (1991) observation that although old timers induct newcomers into the practice in order to ensure its reproduction, they also strive to minimise their potential displacement highlights the micro-politics of workplaces. However, they say little more about the dynamics of power, inequality or the negotiation of access. Participatory opportunities are unevenly distributed across workplaces on

the basis of factors such as race, gender, worker or employment status (Billett, 2004). Workplace hierarchies, group affiliations, personal relations, workplace cliques and cultural practices all serve to distribute opportunities to act and interact (Billett, 2002b).

Workplace micro-politics will have profound implications for support worker learning. For example, extending the roles of support workers has been viewed by registered practitioners as role encroachment (Atwell et al 2006; Coffrey 2004; Mackey 2004; Murray 2001; Nicholson 2006; Rainbird 1999; Rolfe 1997) or an invalidation of their skills or training (Mackey, 2004) and as such, may be resisted. Certainly, journal articles with titles such as ‘The health care assistant: usurper of nursing?’ (Edwards, 1997) or ‘Are we giving away nursing?’ (Nicholson, 1996) convey the tone of these issues. More nuanced are the effects of occupational identity. Rolfe’s (1997) description of generic workers becoming involved in coordinating care includes registered practitioners fearing that without direct service user contact, they would become a different sort of practitioner. Resistance or concerns may not be easily articulated or recognised. For example, Mackey’s (2004) focus group discussions with occupational therapists about assistants’ involvements in assessment yielded muted expressions of “funny feelings.”

Moreover, access to certain learning opportunities, expertise and workplace status appears to be mutually constitutive. The lack of standardised, consistent training available for health care assistants can both impact upon or reflect the perceived value of their role (Keeney et al., 2005). More effort may be put into enabling

qualified staff to access training while opportunities are withheld from other groups (Munro et al, 2000). Participating in training can change the status of a worker because it credentialises staff skills and experience (McBride 2005) or makes experience count for something (Forrester-Jones and Hatzidimitriadou 2006). The acquisition of qualifications and skills can alter perceptions of worker status (Munro et al., 2000) and thus impact on power relations and hierarchies. For example, Keeney et al., (2005) noted that after completing NVQs, Health Care Assistants perceived little difference between their work and that of qualified nurses. They became reluctant to assume basic duties arguing that these should be taken on by unqualified staff. It is unsurprising then that Thornley (2000) suggests that this credentialisation may be a reason why training can be resisted by management – it highlights the previously unacknowledged aspects of support worker activity, including overlaps with registered practitioners.

Thus, power plays a part in affordances for participation. Power is not conceptualised here as something that one party has and is denied to another. Drawing on Hodkinson et al.'s (2008a) analysis of learning cultures and Felstead et al.'s (2009) account of learning environments, power is negotiated. Subordinates can always exercise influence even if this is passive resistance (Felstead et al., 2009) or in the case of support workers, as those with the authority that comes with knowing the service user better than many other practitioners in the service.

Finally, Eraut (2010) distinguishes learning factors (the challenge and value of the work, the availability of support and feedback and the confidence and sense of

agency of the practitioners concerned) from contextual factors (the allocation and structuring of work, relationships at work, participation by and expectations of the practitioners concerned) in his account of learning through participation. The reference to practitioner confidence and agency suggest that the relationship between the individual and the opportunity is significant. Eraut (2010) suggests that challenging work may stretch the practitioner, but unless he or she feels confident such challenges may well prove to be overwhelming and counter-productive. Moreover, challenges may not be viewed favourably by workers. For example, support workers may decline learning opportunities because of the lack of financial reward at the end of it (Ellis and Connell 2001; Hancock 2005; Rolfe 1997).

Gibson's (1986) original conceptionalisation of affordances as possessing a complementary relationship with the individual is illuminative here. While Gibson's (1986) examples are drawn from the material world (for example, that a chair affords sitting depends on the complementary height of the human), this understanding can be helpfully extended to social environments. So, for example, it is not simply the participatory opportunity that constitutes a learning opportunity but its relationship to the individual who may construe it as an exciting challenge or personally unsuitable. Thus, both Eraut (2010) and Gibson (1986) suggest that while environments may afford certain opportunities, these are relative to the individual and any analysis should take into account personal subjectivity.

So in conclusion, opportunities for participation are not evenly distributed through workplaces. Affordances for participation are available depending upon the organisational context, culture and the organisation of work. They are shaped by power and contestation. An affordance cannot simply be seen in absolute terms but exists in a complementary fashion with the individual. Billett (2004) coined the term 'co-participation' to capture the relational interdependence of workplace affordances with individual interpretation and engagement. This will be explored next.

2.5.2. Personal subjectivity

Individuals enter workplaces with their own idiosyncratic personal learning experiences, perceptions and memories which will shape their dispositions to particular participatory practices (Felstead et al., 2009). Working out of such dispositions, individuals will actively determine how particular participatory opportunities are interpreted and engaged with (Bimrose and Brown, 2010, Fuller and Unwin, 2005, Hodkinson et al., 2004). Even workers low down on the hierarchy attempt to exercise control over their practice and in doing so, influence their learning trajectory.

Firstly, relatedness between personal values, beliefs and goals and the norms and activities of the workplace will determine an individual's participation (Hodkinson et al., 2004). Workers may be unsympathetic towards organisational changes if they are seen as compromising their practice (Billett, 2001). Moreover, individuals have had lives before entering the workplace and continue to maintain outside involvements (Hodkinson et al., 2008a). These shape their preferred

balance of work, community, family activities and ambitions influencing their engagement in activities that lead to learning (Eraut, 2004b). For example, Hancock et al. (2005) found that when offered the opportunity to extend their role into more sophisticated nursing duties, some support workers embraced an opportunity to develop and take on more satisfying work. Others had no such aspirations – they were either content with their level of responsibility, wanted more money for more demanding work or more fundamentally, felt that such tasks should be performed by nurses. As Billett (2008) notes, individuals are not helpless hostages to the social experience but carefully manage their engagement. Without ignoring or neutralising some social suggestions, personalities would be buffeted by constant demands. In this way, individuals shape important aspects of their occupational trajectory.

There are also countervailing forces in operation here. Workplaces do not only invite development but individuals intentionally pursue personal development (Billett, 2008). For example, Field and Malcolm (2006) describe a worker's skill in aligning company goals with her developmental needs in her negotiation of financial support and university choice. In addition, individuals may provoke the establishment of participatory opportunities that more closely meet their personal needs or qualities. Kubiak et al. (2007) found that upon observing worker talents in music or arts and crafts, managers in a mental health service would shape service provision around their staff by establishing therapy groups that exploited and extended these skills. This meant that workers would work with their clients in areas of mutual interest and thus in a more personally congruent fashion.

However, observing that individual disposition shapes engagement does not imply the supremacy of individual agency over workplace practice. Workplaces actively attempt to align individuals to organisational norms or goals. For example, student nurses lacking the right attitude were subject to punitively coercive behaviour from their colleagues which led to exclusion and provoked resignation (Fessey, 2002b). Similarly, management may attempt to align individual goals and organisational goals by only making some opportunities for movement and transition available (Felstead et al., 2009). Nevertheless, individuals will have their own understanding of such forces. Some appropriate workplace values and goals as their own while others will go along in an aligned fashion without personally engaging (Billett, 2008). In order to understand this relationship between individual and practice, the ways in which people perceive, experience and make sense of their environments must be examined.

In conclusion, workplaces contain a number of participatory opportunities which may foster learning. The way in which practice is subjectively and situationally constructed means that individuals do not simply surrender themselves to workplace structuring but actively elect to engage, disengage or go-along-with in an uncommitted fashion. Individuals may also provoke the creation of participatory opportunities that meet their needs. In essence, there is a transactional relationship between individual and participatory opportunities.

This transactional relationship has been a growing concern of learning theorists over the last decade. Stephen Billett, in particular, considers the relations between individuals and the social world the central concern in learning. Understanding

practice-based learning is to understand the intersection between the workplace's trajectory of transforming social practices and the individual's evolving development through work (Billett 2008). Moreover, the swing towards learning as participation has been seen as unbalancing accounts of learning in favour of the social which, as Hodkinson et al., (2004) notes, has a tendency to overlook individuals and their differing as well as similar values, histories and practices. In recent years, research into practice-based learning has balanced exploration of contextual factors with investigations into individual identification and agency (Billett, 2008, Edwards, 2010, Hodkinson et al., 2008a). Billet (2008) emphasises that this twin focus is not an argument for teasing out the superiority of an individualistic or socio-cultural perspective on learning. Rather these two factors are interdependent. In order to understand the nature of this transactional relationship, discussion will now turn to sociological understandings of agency and identity.

2.6. Agency and identity

This section begins by defining agency before moving on to consider three conceptions of agency - Bourdieu's conception of habitus, Giddens' stratification model and a temporal conception - which illuminate different aspects that need to be considered in investigating learning. This review suggests that the motive forces underpinning agency can be understood as a reflection of personal identification. Identity is presented as reflecting the pursuit of biographical coherence which is a view congruent with the temporal view of agency established earlier. This section concludes with a brief discussion of power, legitimacy and identity. Axel Honneth's work on recognition is synthesised with

situated learning theories to conclude that identity includes drives to establish personal self-confidence through intersubjective recognition.

2.6.1. Conceptualising agency

Agency is central to understanding learning. It is an outcome of learning (Alheit and Dausien, 2002, Hodkinson et al., 1996). It is also a driver, as in learning to achieve more control over one's life (Lambe, 2006). Agency has an elusive, albeit resonant, vagueness despite the long list of terms with which it has been associated: selfhood, motivation, will, purposiveness, intentionality, choice, initiative, freedom, and creativity (Emirbayer and Mische, 1998). For other researchers, it has an implicitly understood quality as in Malcolm and Field's (2005) "intuitive" definition of agency as control over one's life.

Agency is commonly understood as more than individual free will. It can be understood as the way in which individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstance (Ecclestone, 2007). This last definition establishes that agency is socially situated. As Biesta and Tedder (2007) note, agency is not simply an individual power but is achieved in and through engagement with particular contexts. In other words, actors always act by means of an environment rather than simply in an environment by utilising the social, cultural and economic resources in a particular context.

What is proposed here is a conception of agency that is interdependent with surrounding practices. Indeed, scholars such as Billett (2008) or Hodkinson et al.,

(2004), occupy a conceptual middle ground of structure-agency interdependence and resist unbalancing or misrepresenting learning by over emphasising agency or structure. To this end, the next section will begin with a discussion of Bourdieu's concept of habitus.

2.6.2. *Habitus*

Bourdieu's place in the debate about the relationship between practice and agency is to argue that cultural and institutional social structure and individual internal subjectivities are interdependent – bound up together and mutually contributing to the existence of the other. In his account of the reproduction of practice, Bourdieu (1990) makes habitus the reproductive device. Habitus is an embodied and subconscious battery of dispositions and classificatory schemes that orient an individual's activity in the world. At essence, habitus is internalised social structure developed through participation in different fields (for example, sports, professional life or the arts) and shaped by the structural conditions of society (religion, class or education). Habitus does not simply *make the person* but is also the device through which the *person makes society*. Individuals, guided by their habitus, reproduce the practices that shaped him or her. People are not just influenced by the world around but they absorb it into their being which shapes their perception and activity (Hodkinson et al., 2004).

Habitus is embodied - it emerges out of interaction in the social and material world - ways of talking, standing, moving and doing things are internalised and reproduced (Bourdieu, 1977). As a result, as Tucker (1998) explains, habitus imbues people with a tacit sense of how to become competent social agents,

which is realised in practices that are constitutive of social life. Habitus provides the practical skills and dispositions necessary to navigate within different fields and guides the choices of the individual without ever being strictly reducible to prescribed, formal rules (Tucker 1998). The delivery of caring practice therefore would be based on a feeling for the act as much as consciously learned rules and principles and as such, is improvised to respond to the situation within the limits imposed by habitus.

Habitus is individual in that each person has a unique trajectory through life but, at the same time, it is also shared with others (Hodkinson et al., 2008a). Sharing habitus provides people with a comfortable sense of place in particular situations through an embodied sensibility and social competence which provides a tacit understanding of appropriate actions (Tucker 1998). In a way, habitus could be seen as similar to Lave and Wenger's (1991) description of belonging in a community of practice. Individuals are recognised as belonging because their capability is legitimate and at the same time, feel they belong because they know how to act. Indeed, the way in which an individual unconsciously adjusts their habitus in response to the objective and external constraints of the social world (Bourdieu, 1990b) has some resonance with the way in which a newcomer may align his or her capability and identity to a CP's regime of competence.

Bourdieu's ideas illuminate a number of different aspects of practice-based learning. Firstly, people possess transposable dispositions that enable them to function in different fields (Bourdieu, 1990b). This can be taken to mean, as Hodkinson et al (2004) argue, that dispositions developed in one setting have the

potential to be enacted and recognised as legitimate capabilities in another. In other words, practitioners do not enter any workplace setting as *tabula rasa*. These dispositions may orient the individual to a setting in a way that is congruent with the practices there and he or she may feel a comfortable sense of place. Alternatively, as argued by Angus et al., (2005) the individual may not feel a fit with practices provoking disquieting dissonance. For support workers, such dispositions may not necessarily originate within workplaces as many may begin their career in informal care by caring for families, for example (see Cameron and Boddy, 2006). Therefore, an analysis of individual dispositions towards engagement in workplace practice should be alert to both feelings of congruence and incongruence which may originate from dispositions developed in settings other than those of paid employment.

Second, a workplace's affordances can be considered akin to what Bourdieu (1990) describes as the constraints and possibilities within a field. Such constraints and possibilities are internalised as *habitus* and will determine their perception of particular opportunities (Hodkinson et al., 2008a). For example, Hodkinson (1998) argues that these schemas will lead people to reject possible careers because they do not fit with their existing view of themselves or appropriate career opportunities. So for example, whether or not there are engineering jobs available for females is irrelevant if a young woman's *habitus* generates perceptions that engineering is an inappropriate career (Hodkinson, 1998). It could be argued that *habitus* will predispose an individual to engage in particular participatory opportunities and ignore others as in the case of the support workers described above who rejected certain tasks because these were

‘nurse’s work’. According to Bourdieu (1990) such perceptions will be based in an embodied feeling of what is possible or correct as much as what can be articulated.

Third, learning involves a process in which dispositions and their classificatory schemas are confirmed, developed, challenged or changed (Hodkinson et al 2008). However, the extent to which individuals are capable of change is unclear in Bourdieu's thesis. The durability of dispositions is emphasised and any change is limited by the constraints of the habitus. It follows on from this point that Bourdieu's theory is one of social reproduction not transformation (Angus et al., 2005). Bourdieu (1977) notes that habitus is formed through the internalisation of possibilities for action in the objective world. In turn, habitus leads to the reproduction of these objective probabilities and as a result continues to be reinforced. As such, people appear incapable of perceiving the world as anything other than the way things are and continue to reproduce the status quo.

However, Bourdieu's work presents as contradictory and ambiguous at times. Bourdieu (1990) argues that habitus is constantly remade or adjusted as the individual navigates through the social world, making choices, succeeding in some endeavours and failing in others. Incongruence between habitus and field can provoke dissonance which interrupts habitual and taken-for-granted ways of being (Angus et al., 2005). As Bourdieu (1990a) has argued, changing circumstances can change an individual's habitus, expectations and aspirations and so, may develop themselves and challenge practice.

However, Bourdieu's sense of the possibility of personal and social change is that it arises out of external intervention – conditions thrust upon the individual, for example. Bourdieu's account presents the individual as lacking personal reflexivity (at least beyond the pre-established bounds of habitus) and scope for social change. This is problematic in an analysis of learning. First, people are more knowledgeable and reflexive about the social world than Bourdieu appears willing to acknowledge – individuals are able to reflect upon their social conditions and consider alternative ways of acting (Jenkins, 1992). Second, people are not simply products of their workplaces reproducing the status quo but absorb influences from elsewhere which may provoke changes in practice. For example, as discussed earlier, the experience of university study has the potential to change the practices of a workplace. While on one hand, the pre-reflexive nature of their colleagues' habitus would help explain why these students found it difficult to change practice and on the other, as Jenkins (1992) notes, Bourdieu seems to be unable to account for social change (apart in terms of the intervention of external factors). As a result, Bourdieu cannot describe how or under what conditions people would attempt to change workplace practice (Hodkinson et al., 2008a).

In conclusion then, Bourdieu's perspective draws attention to individual intentionality born out of dispositions originating from within and outside the workplace. These dispositions will determine individual perception of and engagement with workplace affordances albeit in a fashion which may not be expressible. However, habitus provides an insufficient explanation of the individual as a reflexive agent with the capability to change practice or his or

herself. An account of learning needs to take into account a view of the individual as knowing and reflexive. For this reason, this discussion will now turn to the work of Giddens.

2.6.3. Late modernity and the reflexive self

Giddens locates the individual within conditions of 'late modernity'. Late modernity is characterised by the dissolution of the traditional signposts and parameters of society, such as class, culture or gender and family roles (Evans, 2002). This is a state in which social classes or strata have been dissolved into individualised sub-groups or eddies (Gallacher et al., 2002) and individuals form individualistic identities at the expense of collective identity (Sennett, 1998). Sennett (1998) notes that late modernity is characterised by the rapid pace of change in working lives which creates a personal history of fragments and episodes leaving individuals unsure of who they are exactly. So while in the past one could patiently work up the career ladder or save money for particular goals with careful discipline, such trajectories are increasingly uncertain. So for Sennett (1998) there is more at stake than the individual's best laid plans but rather, their own sense of identity and life trajectory.

Such concerns bring to the fore the way in which individuals create a sense of self and identity in such individualistic times. In short, individuals must learn to conceive of themselves as the centre of action, as the planning office with respect to his or her own biography (Evans, 2002). As such, individuals must be understood as reflexive and agentic beings finding their way following the dissolution of the traditional signposts and parameters of industrial society.

There are two implications here. First, paraphrasing Giddens from a review of his work, Loyal (2003) notes that individuals participate within an array of an increasingly diverse range of different groups and networks (familial, occupational, social classes, and so on). Combining the totality of these relations in relation to a single concrete social individual leads to the creation of a unique, complex and sometimes relatively contradictory 'individual' mental structure (Loyal 2003). If engagement in participatory opportunities is shaped by individual disposition, this needs to be understood as a complex and multi-faceted construct.

Second, Giddens' ideas rest upon a critique of theories that over-emphasise the deterministic role of the social structuring of action or belief. Instead individuals are posited as free, decision making beings relatively unencumbered by social structure or at least, very knowledgeable about the conditions influencing them (Tucker 1998). This reflexivity pivots upon Giddens' (1979) stratification model of agency, in which an individual's psychological make up consists of an unconscious, a practical consciousness and a discursive consciousness. Reflexive monitoring and modification of action originates from the consciously aware discursive consciousness. In contrast, much of the continuity of everyday activity arises out of the tacit and non-propositional knowledge of practical consciousness. The boundary between discursive and practical consciousness is permeable giving the individual the capacity to rethink the taken-for-granted and challenge routine. Furthermore, following the taken-for-granted routines of everyday life is not a compulsive or passive re-enactment but an active process of alignment or creative

reconstruction of practice broadly in line with convention. Collective practice does not fall into chaos because adhering to convention and bracketing off of other possible actions (the unthinkable or the unacceptable) prevents the individual from being flooded with existential anxiety. Thus, the basis of individual action is as much emotional as cognitive which Giddens (1979) argues has its roots within an unconscious formed in the early years of the person's life.

So, people are more than 'cultural dupes' but act knowingly and reflexively reproducing or transforming social practice (Loyal, 2003) rather than working out of an unconscious and predominantly unchangeable habitus. Participation in practices does not determine actions. Individuals have the capacity to act otherwise, because they are concept bearing creatures who can imagine different futures and courses of action (Tucker, 1998). This view of socialisation and interaction involves individuals' knowingly practical and creative activity in which they are reflexive, able to monitor their experience and give reasons for their actions. Acting thus is associated with psychological satisfaction, personal worth and the discovery of moral meaning (Giddens, 1991). Considering caring practice, the creativity and personalisation of the work contributes to the satisfaction derived from the role.

In terms of learning, Billett and Pavlova's (2005) study of the working lives of five individuals and the way in which they maintained their identity and sense of self through various transitions can be framed in Giddens's terms. They argue that individuals act agentially to pursue personal goals through participatory practices that enable them to secure a 'sense of self'. They go on to argue that in

order for lifelong learning to be successfully enacted, some consonance between the qualities of work and the individuals' intentionality may be required.

Therefore in order to understand learning through working life the researcher needs to understand the interactions between individual efforts to secure a sense of self and workplace affordances.

Billett and Pavlova's (2005) article draws attention to a number of features of the relationship between agency and learning. Firstly, agency is bounded by the fact that individuals operate within organisational routines and practices that are not of their making. It is here that Giddens has been criticised for what can appear to be an asocial and simplistic view of individuals, with an exaggerated aptitude to remake the world after their own imagination (Tucker, 1998). Giddens' appears ambivalent about structure. He presents people as almost separated from social structures and underestimates the practical restrictions they face – for example, as described by Billett and Pavlova (2005), being unable to secure anything more than 'menial' work because of English language limitations. As Tucker (1998) argues, much activity occurs within large institutions that can not be directly controlled by people. Also, those with more power have the capacity to sanction others, limiting the agent's freedom of action. Certainly, social conditions (and wider social structures such as ethnicity, gender, occupation or socio-economic status) have a significant impact on life chances and experiences (Evans 2002). For example, in the UK and USA at least, there continues to be a strong and increasing relationship between family income and educational attainment (Blanden et al., 2005).

However, there is a danger of falling into determinism here. While social and cultural practices will constrain people, and even play a key role in initiating, sustaining and guiding their thinking and action, Billett and Pavlova (2005) found that individual engagement, learning and development, are not wholly captive to these forms of social suggestion. People can react and respond to structural forces, making their own decisions with respect to a number of major as well as minor life experiences while in some circumstances, are frustrated in acting on their plans by the background or institutional environment (Evans, 2002).

Certainly, the possibility of frustrated intentions needs to be acknowledged, as individuals are attempting to secure a 'sense of self' within the contested domain of the workplace. The fact that some people negotiate conditions that meet their goals or reshape their goals around workplace conditions suggests that personal agency is best understood as something negotiated or existing in a transactional relationship with the world around (Billett and Pavlova, 2005).

Second, despite individual intentions, actions have unintended consequences as exemplified by Billett and Pavlova's (2005) case study of the Russian immigrant who finds that his training does not unlock further opportunities but is ignored by management. As Sennett (1998) notes, the flexibility of modern life offers scope for self authoring but it is ultimately unclear what moves will pay off and which will end in disaster. Self authoring offers uncertain futures. Even so, Billett and Pavlova (2005) recognise such conditions but argue that people manage to find continuities in the face of incredible change that sustain their 'sense of self' and

argue that such experiences may constitute the most powerful learning experiences.

The third issue highlighted by Billett and Pavlova (2005) is that their participants do not present simple or straightforward goals but a mix of spiritual, familial, romantic, financial and vocational needs. Actions are focused on synthetic resolutions – outcomes that meet the agent's particular mix of needs (Emirbayer and Mische, 1998). In other words, participatory opportunities may not be construed in terms of vocational goals but also in relation to a range of other non-work issues.

Fourth, what Billett and Pavlova (2005) do not consider is how individuals vary in knowledge, criticality or resolve which determines their personal capacity for transformative action or ability to perceive that things could be any different. People cannot freely determine their life course because they have limited access to the knowledge they need to make fully informed decisions (Giddens, 1979).

So to summarise, Giddens' concept of agency presents a reflexive agent, capable of knowingly going along with or challenging practice but also operating out of the tacit and taken for granted. The uniqueness and complexity of intentionality arises out of their involvement in a diverse range of social domains and individuals act to address a wide range of needs – the individual can not simply be considered in terms of vocational needs or employment background. While bounded and shaped by social conditions and limited in their knowledge, individuals also exercise choice and challenge practices in order to sustain a

coherent sense of self. Individuals therefore have a transactional relationship with practice in that they shape it, exercise choices to exploit their circumstances or change their sense of self to respond to conditions.

Giddens' model of agency describes the individual acting out of temporal orientations – enacting past habits or reflexively constructing a desirable future – but his stratified model of agency does not include a well worked up conceptualisation of temporality (Giddens, 1991). This discussion has described people striving to achieve goals, sustaining a coherent sense of self in changing conditions and acting out of past habits all of which requires a closer examination of temporality and agency. This will be considered next.

2.6.4. Temporal conceptions of agency

A motif in the discussion regarding agency has been a view of the agent as existing in the flow of time – influenced by past experience and oriented towards a future state. Billett (2008) emphasised similar ideas in his description of relational interdependence between personal and social agency while Giddens, in his 1991 work emphasised the individual's drive to bring about coherence between past, present and future. Emirbayer and Mische (1998) and more recently, Biesta and Tedder (2007) make temporality a central feature of their conception of agency. In Emirbayer and Mische's (1998) work, agency is informed by the past (in its habitual aspect), oriented toward the future (as a capacity to imagine alternative possibilities) and acted out in the present (as a capacity to contextualise past habits and future projects within the contingencies of the moment). An individual is engaged in all temporal frames simultaneously

(characterised as a 'chordal triad') as they move through time but may have a predominant orientation to one or the other.

In this model, the iterational, past-focused orientation accounts for the reproduction of practice. It can be seen as similar to the workings of practical consciousness (see Giddens 1991) in its habitual and routine-focused nature. It acknowledges the permeable boundary between reflexive consciousness and the tacit operations of practical consciousness. Specifically, this can be seen in the way in which people may selectively reactive past patterns of thought and action and incorporate them into practical activity thereby giving stability and order to social universes and helping to sustain their identities over time (Biesta and Tedder, 2007). If oriented towards maintaining past patterns of action, it could be argued that an individual may reject affordances on the basis of their incongruence with such personal past patterns. For example, as Hancock (2005) found when some support workers rejected an opportunity to develop nursing skills out of contentment with their level of responsibility and a conviction that the proper place of such duties was with a nurse.

With agency directed towards alternative futures, the individual can be seen as possessing the reflexive capability to imagine alternative ways of acting or being as described by Giddens (1991). Biesta and Tedder (2007) suggest that agency can be linked to a desire to bring about a future different from the past which may involve the creative reconfiguration of received structures of thought and action – in other words, re-thinking one's actions and trying something different. As such, agency may be directed towards changing oneself. This projective orientation

will also position individuals in a way that leads them to engage in or reject participatory opportunities on the basis of their personal goals for the future to become a particular sort of person or engage in a specific practice (as described by Billett and Pavlova 2005).

As actors move between settings they may switch temporal orientations thus changing their relationship to practice. An individual may increase or decrease their capacity for invention, choice and transformative impact in relation to the situational contexts in which they act (Biesta and Tedder, 2007). Thus, it is impossible to describe an individual simply as future or past oriented. The model could also be read as a description of temporally-based collective agency. As practices are constituted by interacting individuals all with temporal orientations, an organisation or team may be primarily engaged in reproducing the past or constructing a new future. Individuals with their individual temporally-based orientations are therefore potentially positioned more or less congruently in relation to the direction of travel of workplace practices, feeling inclined to challenge an organisation's unhelpful enactment of routine or dissatisfied with potential change. For example, a training initiative may be part of creating a future involving more intensified working patterns, a future which some may resist (Rainbird et al., 1999).

There are some ambiguities in the application of this model. Both Biesta and Tedder (2007) and Hodkinson et al, (2008b) draw from this model in order to explain how an individual's temporal orientation directs their activity in a way that is congruent with past orientations or projected futures. They also describe

individuals as 'present oriented'. However, the present is a site of perception, judgement and action (Emirbayer and Mische, 1998). It is fleeting and ephemeral rather than something that can be maintained. As an individual moves through time, the present becomes the past existing only in memories and physical form such as constructed artefacts or tools. As such, when accounts of people maintaining the present are given, this can be more accurately reinterpreted as a desire for routine or to maintain how things were 1 minute, 1 day, 1 month or 1 year in the past. In other words, the present is not something that is maintained but acted within in order to reproduce the past.

More fundamentally, Rogoff (1995) is critical of the way in which time is often treated as if it were segmented into past, present and future. She argues that this perspective operates within a storage model of mind in which the individual, through some 'mysterious executive process,' bridges past and present by selectively retrieving stored memories to use in the current situation (Rogoff 1995). Rather than presenting the model as reflecting a cognitive executive process, the temporal orientations can be viewed as reflexive modes of identification, a conception which has particular resonance with the sociology of Anthony Giddens (1991). In other words, agency reflects a mode of identification with past practices or particular futures. So for example, Biesta and Tedder's (2007) case study of Diogenes in which a man continues to reproduce a way of being established early on in his life can be reinterpreted as an account of persistent identification with past practices.

In summary, identity can be seen as a central element of the motives underpinning agency. An individual's identification with a particular practice in the past (an iterational identification) or an alternative way of acting or being in the future (a projective identification) can be seen as one of the drives that shape the construal and engagement in particular participatory opportunities. Identity will be discussed in more depth in the next section.

2.6.5. Identity

The turn to situated and sociocultural learning theories brought with it an interest in identity arising out of the individual's participation in the social world. As Ecclestone et al. (2010) argue, identity arises out of a psycho-social nexus between social, personal and cultural factors:

“... complex interactions between different forms of capital (cultural, social, economic and emotional), broader social and economic conditions, interactions and relationships in various contexts, and cognitive and psychological strategies.”

(Ecclestone et al., 2010, p. 9)

To return to the assertion from the previous section, that identification connects to temporal conceptions of agency, self identity is often conceived of as arising out of configurations of past, present and future (Ecclestone et al., 2010, Watson, 2008). In Giddens' 1991 text 'Modernity and Self-identity' he argued that identity arises out of the person's reflexive understanding of his or her biography. He suggests that the individual's desire for a coherent narrative across time and space can be considered a fundamental component of self identity shaping what it

is that makes one a person. Giddens (1991) cites Charles Taylor (1998) to suggest that in order to have “a sense of who we are, we have to have a notion of how we have become and where we are going” (p. 54).

Giddens (1991) conceives biographically-based identity as a fragile thing demanding effortful maintenance. The reflexive agent selects from or filters out their various experiences, stories and memories in order to construct a coherent and consistent sense of identity. Moreover, sustaining an identity takes place against a continually shifting backdrop of day-to-day experiences and the fragmenting tendencies of modern institutions. This active process of forming, repairing, maintaining, strengthening or revising the constructions that are productive of a sense of coherence and distinctiveness that constitutes identity has been termed ‘identity work’ (Watson, 2008).

While Giddens saw identity work as a process of re-centring a stable and consistent identity within the swirl of experiences and changes pressing upon the individual, Watson (2008) takes a post-structural view. He, like Giddens (1991), recognises that post-modernity consists of a world that is fragmented and constantly changing and as such, presents people with ambiguity and contradiction. For Watson (2008), identity is something altogether more fluid. The individual continually remakes and reconstructs their identity. Nevertheless, Watson (2008) argues as does Giddens (1991) that individuals’ are continually striving to develop or maintain a relatively coherent and distinctive identity.

Therefore, the temporal conception of agency presented earlier can be recast as an act of identity work. That is, the individual maintains a coherent identity by establishing continuity between past practice and present actions. Alternatively, the individual attempts to maintain coherence between the actions in the present and their imagined future. As such, identity work will be associated with construal that determines the nature of the individual's engagement in the present in a way that is consistent with the past or a projected future.

Forming a self-identity takes place within particular practices loaded with ideological constructs (Hodges, 1998), socially available identities and discourses which may be appropriated by individuals and creatively reconfigured into unique self identities (Watson, 2008). HSC settings for example, can contain very powerful expectations about the way in which workers should be caring, personally virtuous, and work out of a calling or vocation (Clouder, 2005). Those acting within these settings may appropriate aspects of such identities (along with possibilities from other settings) externalise these through action in the world and in doing so, contribute to the reproduction of social identities (Watson, 2008). In a sense, learning involves becoming a different person within the limits of the CP's system of relations which offer particular possibilities for identity (Lave and Wenger's 1991).

These social identities will run up against the individual's self identity as he or she strives to maintain some coherence and stability (Watson, 2008). For example, Clouder (2005) describes the different ways occupational therapy students respond to workplace practice - some were assimilated into the system and

appropriated identities and discourses with little difficulty. Others encountered problematic attitudes and regulations, dilemmas and conflicts all of which left them feeling troubled by where they might fit into this occupational group. Such workers do not simply take on the practices of the setting but instead operate with deep reservations about their work and experience feelings of defensiveness, hostility, rejection and anxiety. Thus, an individual's identity may change through their participation while others will disidentify with the participatory opportunities on offer participating with an identity as a marginal figure who goes along with a practice but does not fully engage (Hodges, 1998). The individual may participate but challenge or subvert the practices of the setting (Bolton, 2004). Thus, individuals position themselves and are positioned on the basis of their identity.

Identities may inhibit participation in certain practices and kinds of learning (Volman and ten Dam, 2007) – 'I am not that kind of person ...' or 'I don't want to be someone who ...'. A participatory opportunity as an opportunity to engage in a particular type of activity implies, requires or invites the expression and giving of material form to a particular identity. Constellations of participatory opportunities can be thought of as a niche that support a particular lifestyle, occupation or position in the hierarchy and as such, a particular identity. So, when a stay-at-home mother decides to take a job in care work, it involves the development of a distinct form of identity as a paid practitioner. This same worker may decide after some years to take on a role as a team leader which affords an opportunity for a different kind of identity again. Given that certain settings or roles imply an identity, people may be drawn to the setting because

they perceive themselves as possessing the requisite dispositions and in doing so, sustain its practices (Hodkinson et al., 2008a). The individual is not simply appropriating these identities but through their identity work they are, as Snow and Anderson (1987) explain, negotiating a sense of self that is congruent or counter to the social identities implied by affordances. Disconnection from learning opportunities are not just chance preferences but reflect an intentional reflexive construction of self (Volman and ten Dam, 2007).

Legitimate identity, self esteem and recognition

Power is also implicated in identity work as it takes place within institutional, cultural and discursive forces that press particular subjectivities upon people (Watson, 2008). Managers in organisations deliberately adopt strategies to create, sustain or change desired worker identities (Felstead et al., 2010). In HSC, where much of the work involves interpersonal interaction, management and colleagues would be particularly concerned with the nature of those interactions and therefore would have an interest in the worker's identity. So, as implied by the concept of legitimate peripheral participation (Lave and Wenger 1991), a practice will designate some identities as legitimate and others as not.

The critical social theorist Axel Honneth offers a valuable conceptual tool to analyse this dimension not simply because of its insightful perspective on identity formation but also because it provides a way of accounting for the non-recognition experienced by some support workers (see for example, Unison, 2011). Honneth (1995) argues that intersubjective recognition of an individual's personal qualities and biographical uniqueness is the foundation for the self

esteem that enables the individual to form a positive relation to self and therefore identity. This recognition or appraisal of the individual's personal qualities is made on the basis by which they contribute to societal goals and realise culturally defined values. Such intersubjective recognition not only forms the basis of a sense of social solidarity with others but drives the reproduction of social life.

Individuals may not be recognised. Non-recognition damages self esteem which Honneth (1995) argues is experienced as humiliating, insulting or disrespectful – damaging to an individual's sense of social solidarity and potentially undermining his or her identity. For example, Unison (2011) argues that because many assistant social workers find their capabilities go unrecognised, they often feel demeaned and disrespected.

Although Honneth (1995) is not offering a learning theory, his work can be recast within situated learning theories. The nature of one's participation in the CP is contingent upon being recognised as competent enough to be trusted with the tools and repertoires of the group (Wenger, 1998). Those recognised as competent or with the potential to become so, have access to the developmental trajectory associated with legitimate peripheral participation (Lave and Wenger, 1991). Participation in practice enables intersubjective recognition by providing opportunities for the expression of abstract abilities through activity which in turn enables individuals to be recognised as competent and contributing to societal goals (Honneth 1995). Thus, affordances open up spaces for recognition that supports identity formation while constraints shut down such opportunities.

Moreover, the desire to belong which drives people to identify with a community of practice (Hodges, 1998) is reflected in the way that Honneth (1995) argues that intersubjective recognition is the basis for social solidarity and therefore identity. Solidarity however, does not mean that there has to be uniformity of the cultural values against which people are recognised. Any practice is a multivocalic space making available a number of different values horizons. In other words, misrecognition of the individual by some subcultures in a practice may be countered by recognition by others.

2.6.6. Agency and identity work

The discussion so far has considered the nature of agency and identity. This short section will draw conclusions which will shape the discussions of this aspect in the rest of the research. The individual is conceptualised as a reflexive and socially knowing agent constructing a biographically coherent and esteemed identity through a transactional relationship with the surrounding social practices. This identity work involves exploiting the surrounding practices or changing them. It also implies that the individual adapts in response to the social suggestions and constraints of the surrounding practices or even exits to seek settings more congruent with their identity.

Three concepts related to identity are proposed to characterise the underpinning basis of an individual's construal and engagement in a participatory opportunity. The first is that the individual's identity work incorporates the pursuit of biographical coherence in which they attempt to maintain some congruence between the demands of the activities associated with a participatory opportunity

and their iterational (focused on reproducing past practice) or projective identification (imagining alternative futures). In other words, the motives underpinning agentic actions reflect identification. The second concept is that individuals desire recognition of their personal capabilities as a source of self esteem, self realisation and a positive relation to self. The construal of, and engagement with, participatory opportunities will be based on such drives.

The third concept relates to the way in which identity is seen as something continually in development. After all, the term identity work implies the ongoing activity of formation, repair, maintenance, strengthening or revision.

Furthermore, the description of an individual construing and engaging in a participatory opportunity as an act of identity work implies that the verb 'identification' would be a more suitable description of active processes involved.

2.7. Research questions

This last section brings together themes from chapter one and chapter two to propose three research questions. Chapter one argued that the increasing complexity of practice and need for public reassurance make support worker learning an important focus for service development. There is a paucity of literature in this area and what exists generally focuses on education and training. This focus is limited for two reasons. It overlooks the value of practice-based learning for personal development. Second, as an entry level occupation open to practitioners without training, their learning needs to be investigated using a broad enough focus to capture how this group learns outside of educational engagement.

In order to understand the practice-based learning of support workers, three research questions are proposed. These questions are designed to firmly ground the research within the character of support worker practice. They also reflect Billett's (2004) concept of co-participation in that neither a solely social nor an individual focused analysis is sufficient to account for practice-based learning.

2.7.1. Research question one

Defining the people who are learning is a central concern of theories of learning (Engeström, 2001). Such concerns draws attention to why support workers are learning (in other words, what makes it worth the effort) and the contents and the outcomes of their learning. For this reason, this research will focus on the character of the support workers' construction of caring practice. Furthermore, understanding the purpose and the outcomes of practice as well as its subjective and situational nature is inherently connected to the situated nature of learning. Discussions of how people learn through work will remain at the level of abstract principles unless some attention is given to what is learned. In other words, this research seeks to understand the specific nature of practice-based learning for support workers and focuses on caring practice. Therefore, research question one will ground investigations in what support workers are learning to do:

- Research question one: What is the nature of the support worker role and practice?

2.7.2. Research question two

Chapter 2 described practice-based learning as a process of meaning making structured by relations with, and participation in the social and material world. Practice was presented as goal directed and embodied. People learn through doing the work and through educational engagement. Learning is inherently contextual and structured by the affordances of the workplace which are themselves contested. Therefore, an investigation focusing on the character of workplaces, the relationships involved and the organisation of work would provide a well rounded view of support worker learning. Therefore, the second research question is:

- Research question two: How is support worker learning shaped by the practices of their workplaces?

2.7.3. Research question three

This chapter argued that engagement in practice does not have a deterministic effect on learning. Practitioners make subjective and situational reconstructions of practice. They make personal construals regarding participatory opportunities that shape their engagement in practice. One of the bases of such construal is their need to secure a biographically coherent and esteemed identity through participation in practice. This identity work should be understood as an activity engaged in by unique, multifaceted and reflexive individuals. They knowingly exploit the opportunities present in practice for identity work. They respond to its constraints and social suggestions, sometimes reworking their goals and identities, sometimes going along with the way things are in an aligned but unengaged

fashion. Sometimes they challenge and attempt to reshape practice. While there is considerable research on the identity of registered workers, such matters have received less attention when it comes to support workers. Therefore, the third research question is:

- Research question three: How does individual identification influence engagement in practice-based learning?

2.8. Conclusion

Overall, this research is positioned as an exploration of how support workers learn to provide caring practice. It attempts to address both their centrality in the health and social care field and their neglect in research literature. One intended outcome is to develop an understanding of practice-based learning for caring practice that can inform the work of managers and workplace educators facilitating support worker learning. A second intended outcome is broader. In studying a person's development, their essence is revealed (Wertsch, 1998) – their identity, their purposes and their relationship to the world around. As such, understanding how people learn to provide caring practice goes to the heart of the concept of care and the character of the support worker.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Chapter 3 Research methodology and methods

This chapter begins by outlining the conceptual and philosophical underpinnings of the approach taken to the design of research data collection and analysis before moving on to describe the participants and the research methods.

3.1. Methodology

In chapter 2, it was argued that learning and knowing arises out of particular social and material configurations. What is being proposed is not simply a theory of *social learning* but a *social theory* of learning in which knowing is seen as a social construction. Furthermore, knowing is socially constructed through a process of participation in which practice and identity change. Acknowledging that an individual's actions are structured by practice does not imply a deterministic view of learning. Individual agency and identity direct the character of participation with the implication being that enquiry is not so much concerned with uncovering causal laws but with understanding what meanings are constructed from practice and how. Central to understanding learning as participation is the need to access the subjective, personal and unique perspectives held by individuals. After all, learning implies "the engagement of hearts and minds: a sense of belonging (or a desire to belong), mutual responsibilities and an understanding of the meaning of behaviours and relationships" (Handley et al., 2007, p. 181).

This framing has a particular affinity with a methodological approach which has been termed as subjectivist (Cohen et al., 2002), hermeneutic and interpretivist

(Brechin and Siddell, 2000). This approach stresses accessing and building an understanding of the nature of the individual in relationship with the world and the meanings held by participants within the practice (Brechin and Siddell, 2000). Research within this paradigm focuses on both the situated nature of practice and how it is shot through with individual meaning and intentionality (Cohen et al., 2002).

Such concerns suggest that quantitative or survey approaches examining the way in which context shapes learning (see Cooper and Rixon, 2001, Felstead et al., 2005) would be ill suited to the research aims. Biographical or life history methods (Biesta and Tedder, 2007, Chamberlynn et al., 2004, Hodkinson et al., 2008b) on the other hand, have been seen to address some of these concerns. However, it has been argued that biographical approaches do not effectively reveal the situated nature of practice which is of central importance to this research and are more suited to a metaphorical framing of learning as becoming rather than participation (Hodkinson and Macleod, 2010). Although researchers such as Billett and Pavlova (2005) have used such methods to create convincing accounts of co-participation, such work highlights identity and agency over the conditions of practice.

A number of studies within the participatory metaphor adopt ethnographic approaches (see for example, Engeström, 1999b, Handley et al., 2007, James and Biesta, 2007, Lave and Wenger, 1991) for their particular affinity with these concerns. As learning is situated, the naturalistic orientation of ethnography in which attempts are made to build an understanding of participants within their

natural settings engaged in everyday activities are most appropriate (Hodkinson and Macleod, 2010). Ethnographic studies attempt to build an understanding of the meaning of social life from the everyday perspective, interpretations and meanings of group members (Burkitt et al., 2001, Hammersley, 1998, Hobbs, 2006). This understanding is built through an inductive approach in which the researcher strives to understand without prior assumptions, how participants experience and interpret the world (Cohen et al., 2002, Hammersley, 1998). The cocktail of ethnographic methods adopted by ethnographers, which typically involve intense engagement with the participants over an extended period of time and open ended data collection, are particularly apposite to these concerns (Hammersley, 1998).

However, the assumption that open ended, non-theoretical and in vivo studies will enable the researcher to *tell it as it is* must surely be false (Silverman, 2006). The limitations of this lie in two sources. First, much practice and learning is tacit and an account of such processes may not be immediately accessible to the participant let alone the researcher. Second, much research requires the structuring of theoretical frameworks in order to direct attention in data collection and analysis. These issues will be dealt with in turn and used to justify the need for multiple points of data collection.

3.1.1. Implicit learning and tacit knowledge

Much learning takes place without intention or awareness of doing so (Dienes and Berry, 1997, Reber, 1993, Sternberg et al., 1995). As learning is intertwined with activity it is often embedded within day-to-day work activities and routines

(Fuller and Unwin, 2005) and may not be considered learning at all by participants (Eraut, 2004a). Practice-based learning can take place slowly and over long periods of time, often without the participant's awareness (Tomlinson, 1999). The situated and sociocultural learning literature's references to becoming an expert in a community of practice implies that the process of forming such capacities is a slow and largely unconscious process (Burwood, 2007, Wenger, 1998, Lave and Wenger, 1991). Thus, such experiences leave people implicitly knowing what is expected of those in their roles but with no explicit or discernible experience of how it is known apart from "learning from doing it."

To a certain degree an individual's capabilities will also be tacit. Tacit knowledge is not of a single kind but incorporates different kinds of knowing. Firstly, much practice is known "in the body." For example, knowing the feel of a muscle during a physical examination may be beyond codification (Eraut, 1994). Secondly, much interpretation, decision making or judgment occurs outside of consciousness incorporating gut feeling or intuition (Squires, 2005) or semiconscious rapid reflex action (Eraut, 2004c). Decisions may be made arationally and without recourse to standard, conscious and rational processes or explicit reference to particular principles and information (Reber, 1993). After all, routine activities are often imbued with an implicit understanding of organisational norms, discourse and local context (Eraut, 2000). Nisbett and DeCamp Wilson (1977) argue convincingly that even under such conditions where decisions are clearly being made tacitly, people may vociferously substantiate their evaluations, problem solving processes or decision making with

explicit accounts of how they came to their conclusions. Such reports or justifications may clearly deviate from what was actually done (Reber, 1993).

Effects of this kind have lead Eraut (1994) to conclude that 'thick' arrays of tacit knowledge co-exist with 'thin' explicit versions which provide description and justification of practice (Eraut 1994). This situation presents the researcher with the challenge of the 'false positive.' When interviewed, a practitioner may present an account of the basis of their actions which may be as much a post hoc rationalisation as an accurate description (Steadman, 2005).

The challenge in conducting research into practice-based learning therefore is partly a matter of gaining access to the tacit. Some perspectives present the tacit as that which cannot be expressed (Eraut, 2000). Evans (2001) on the other hand considers it as something else altogether – as something that can be unearthed through retrospective interviews. In this research, knowledge is seen as incorporating both tacit and explicit elements (Eraut, 2000, Evans et al., 2004). For example, the tacit knowledge reflected in a gut feeling will also incorporate a degree of explicit assessment (Burkitt et al., 2001). Similarly, even the performance of the most automatic of motor skills often incorporates sophisticated explicit knowledge (Ericsson and Oliver, 1995). There is some knowledge which is tacit but can be made explicit in the right circumstances (Giddens, 1991). The challenge for the researcher then is to access as much explicit knowledge as possible and probing further in order to access that which is capable of being made explicit with the proper attention. At the same time, the researcher must remain aware that even the most complete account from an ideal witness will still

lack that which is held tacitly (Eraut, 2000). For researchers weighed down by the sheer challenge of understanding the nature of practice and learning when so much is tacit, this conceptualisation is rather liberating. Researchers can identify at least a little of most areas of practice and learning but should remain aware that they will never illuminate all aspects.

3.1.2. Theoretically-driven enquiry

Ethnographic research strives to remain open to the participants' particular experiences and meanings. However, revealing the meanings underpinning practice requires the structuring of theoretical frameworks to guide sampling, data collection and to sensitise the researcher's analysis (Handley et al., 2007).

Furthermore, as researchers have limited resources available to be permanently present in the setting to collect data and participants may be reluctant to give a lot of time for unstructured interviewing, theoretically-based premises are needed to direct attention to particular aspects of practice-based learning. In this research, attention was focused upon four broad lines of enquiry: i. workplace activity in the social and material world, ii. the way in which specific capabilities have developed - referred to here as learning trajectories (see Eraut 2009), iii. critical incidents and iv. life history and transition.

a. Participation in the social and material world

With learning understood as taking place through participation, it is logical to focus on the individual's activity in their physical and social context. Eraut (2004a) and Fessey (2002a) took such an approach by focusing on developing an understanding of the participants' everyday workplace activity. These accounts of

activity were then probed in detailed focusing first on the different capabilities² needed and then on how each was acquired.

Observations enable researchers to understand everyday activity as embedded in a world of practice – collegial interaction, tools, physical settings and so on.

Temporality can also be observed as participants prioritise activities, multitask, pause to think and consult with others or alternatively, respond out of reflex.

Observation can also capture the multi-faceted nature of activity. For example, changing a dressing in a service user's home may involve multiple aspects of observable activity of which dealing with the technicalities and tools of wound care are just one part. Prioritisation, communication with the service user, sensitivities around working in a person's home, keeping records and presentation of self can all be observed.

In short, observations offer an opportunity to uncover activity in context which can remain hidden from view because participants take them for granted, are unaware such acts are taking place, or lack the terminology needed for description (Allen, 2007). However observations alone are not enough to understand practice. Motives and the meaning of actions may remain hidden from view if only observations are used (Handley et al., 2007). Uncovering such issues requires that notes taken during observations are discussed with participants.

Thus, it was decided to use observations to collect data for this research.

However, the opportunity to engage in extensive observation may be subject to a

² In this research, the term 'capabilities' is used to refer to skills, knowledge and personal qualities such as values, attitudes and personality.

number of limitations. As health and social care often involves sensitive, intimate and highly personal activities, free and unrestricted access may not always be possible. Some practitioners may be unwilling to engage in extensive observation due to limited time or the demands of the role. Requiring a large commitment of time may make it difficult to recruit participants.

It is unsurprising then that a number of researchers describe approaches to ethnography involving as little as 1 – 7 days of observation. These “ethnographic snapshots” (Rolfe et al., 1999), “ethnographic-lite” (Goodson 2007) or mini-ethnographic (Hodkinson and Macleod, 2010) approaches suggest that there are alternatives to deeply immersive approaches to participant observation that could still illuminate the practices in a setting. Collecting data through day-long ethnographic snapshots would mean, as Steadman (2005) suggests, that observations function as a starting point for interviews. Interviews based on observed activities are used to ground an understanding of capacities needed for practice within concrete activities rather than general or evaluative descriptions from participants (Eraut, 2004a).

Furthermore, it may not be possible to observe all participants in a study but rather, some may only be available for interviews about their everyday activity and capabilities. The level of detail about these participants would be lower than that available in observations with some tacit knowledge unavailable. However, a number of reviews of critical incident analyses carried out through interviews only suggest that prompting participants to provide full, clear, and detailed accounts can help ensure accuracy with a good degree of reliability (Butterfield et

al., 2005). Furthermore, alternative data sources such as job or service descriptions can provide supplementary material. Although such material presents idealised and decontextualised descriptions, they offer a further opportunity to tease out the particular details of participant practice.

Thus, the first line of enquiry involved short one day observations of workplace activity of some participants. Other participants would engage in interviews only but were prompted to provide detailed descriptions of activity. Document analysis would also provide descriptions of activity.

b. Learning trajectories

Once details of the participant's activities had been obtained, the capabilities in use can be identified (Steadman, 2005). For this research, it was recognised that to capture the range of possible capabilities, sensitivity to their different forms was needed. After all, capabilities may include sensorimotor skills, a grasp of theory, reflective capability (Kennedy, 1987) and qualities of being such as refinements of one's values, ethics or personhood (Higgs et al., 2004). In particular, the meanings which constitute the participants' understanding of effective caring practice are central to the definition of learning and practice adopted in chapters one and two.

In Eraut's (2004) research, he adopted a methodology in which interviews focused on how capabilities were developed – in other words, participant learning trajectories. However, there is a danger that activities which are deliberative and explicitly learning-focused are most likely to be recalled (Steadman, 2005). As a

result, interviews have the potential to be biased towards accounts of explicitly learning-focused activities such as mentoring, shadowing, supervision, training and education. Eraut (2004) implies that this tendency is problematic because learning as a by-product of work activity is more significant than learning-focused activities. However, the division between learning-focused activities and learning arising out of work activity seems somewhat artificial. After all, both are constituted culturally and situationally and can share a common concern with ensuring the continuity of practice (Billett, 2002a). Discussions of learning-focused activities have the same potential as work-focused activities to illuminate the way in which a practice distributes affordances for engagement in participatory opportunities and how these are construed by individuals. Furthermore, learning-focused activities can shape how individuals construe and challenge workplace practices and as such, reflect the way in which context enables or constrains activity (Henderson, 2001, Forrester-Jones and Hatzidimitriadou, 2006). Therefore, learning focused activities are considered just as illuminative of practice-based learning as work-focused activities.

Nevertheless, it is also important to prompt discussion of workplace activity. In discussing how capabilities have been acquired, attention should be given to the social and material world of workplace activity including how participants' work was intertwined with aspects that give rise to learning – interactions with colleagues (Collin and Maija Valleala, 2005, Lave and Wenger, 1991), adopting tools (Engeström, 2001, Fessey, 2002a), trial and error (Billett, 1999) and work with service users (Eraut, 2010), for example.

To return to Eraut's (2004a) and Steadman's (2005) research which used a similar method, it is not clear how many capabilities they identified, how they directed their attention or how much time was spent interrogating each in depth. What method of prioritising was adopted? For this research, it was decided that in order to prioritise discussion, there is value in following the participants' lead by asking them to identify those they remember developing and those they consider significant. Furthermore, exploring those capabilities that have been challenging to develop and those that came easily would identify different kinds of learning trajectory.

c. Critical incidents

In research operating within the participatory framework, there is a danger that methodologies are adopted which foreground place and group activity but erase individual agency and identity from the accounts (Hodkinson and Macleod, 2010). The first and second lines of enquiry incorporated such a tendency. An approach which brought individual identification to the fore was needed. The third line of enquiry reflected the arguments made in chapter two about the way in which learning arises out of experiences of disjunction in which participants are operating at the edge of their capability. Moments of disjunction are likely to reflect a person's particular profile of strengths and weaknesses as well as their personal values, history and career aspirations.

Dervin (1998) argues that such moments reflect the way in which the individual who, with his or her particular history and partial knowledge, travels through time-space and encounters situations that present gaps – questions, muddles,

problems, unachieved aims or emotional arousal. Selvin (2011) presents critical incident analysis as a method to dig into such moments. Critical incidents are those moments that stand out for individuals. They may be problematic or confusing situations. They may be times when actions have been particularly effective or ineffective. These incidents are not critical in the sense of being major turning points or life changes (such moments are relatively rare), but common place, everyday events that reveal underlying trends, motives or structures (Tripp, 1993).

Critical incidents can be seen as moments of learning. Their value to the current research was that such incidents may be particularly memorable (Cope and Watts, 2000). However, it also needs to be acknowledged that they can be poor at uncovering implicit or gradual learning (Eraut 2004). This line of enquiry needs to be treated carefully though. Schulter et al. (2008) found that enquiring into negative experiences, incidents or critical moments can be awkward for participants who may deny their involvement in such things. Instead, more positive framings such as 'significant,' 'revelatory' or 'meaningful' events may yield greater response from participants. In this research, the term 'tipping points' was used to refer to critical incidents.

d. Life history and transitions

The fourth line of enquiry addressed life history and transitions. Taking a life history can involve participants reflecting on their experiences, looking back on influences and key events as well as looking forward to future goals (Billett and Pavlova, 2005, Hodkinson et al., 2008b) and in doing so, bring to the fore the

temporal orientations associated with agency (Biesta and Tedder, 2007) or identity. Such an approach enables a view of learning as taking place over relatively long time frames (Hodkinson and Macleod, 2010) which provides a counterbalance to critical incident analysis which captures more recent events.

A fruitful focus in understanding an individual's life history is that of transitions. Such transitions may involve moving into new settings or roles (Billett and Pavlova, 2005, Lave and Wenger, 1991) including those which can have long trajectories of development before becoming fully competent (Hauer et al., 2012). Transitions can involve developing new practices as well as a change in the nexus of social relationships, forms of participation and sense of identity (Handley et al., 2007). Not all transitions involve moving between settings. They can also incorporate organisational change and developing new practices (Engeström, 2001). It was decided then that for this line of enquiry, a life history would be taken in which transitions were a special focus. To bring the role of individual construal, agency and identification to the fore, the way in which individuals make sense of the events in their lives and attempt to construct a career trajectory within the opportunities and constraints of their circumstances was also a particular focus.

3.1.3. Multiple points of data collection

To conclude then, the ethnographic approach was identified as most appropriate to the research questions. It was acknowledged that because capabilities are partially tacit and learning is often implicit the completeness of the data collected may be limited. Four lines of enquiry were identified. The first was to enquire into the

participants' activity in the social and material world. The second was to focus on participant learning trajectories by collecting accounts of how they developed their capabilities. These lines of enquiry stress the participatory aspects of learning and suggest the need for observations, document analysis and interviews with participants. Exploring practice in detail demands more time than the standard one-hour interview. Multiple interviews are needed. Furthermore, by collecting data from a number of different participants in the same setting a detailed understanding of the practices of a particular workplace can be developed. Going over practices and capabilities in detail in interviews may help surface areas of knowledge that are tacit.

The third line of enquiry would focus on critical incidents in recent practice and a fourth was to explore transitions across the life span. These two lines of enquiry extend investigations into participatory practices but also foreground individual agency and identity. Investigating critical incidents requires multiple interviews as well. By sampling the same individual three or four times, a number of different incidents experienced over time could be captured as could those incidents that take months to resolve. Following the biographical work of Biesta and Tedder (2007) multiple interviews would also be necessary to understand the individuals' transitions over the lifespan. Repeated sampling would be needed to return to particular themes raised earlier seeking clarification or extension.

Multiple interviews fitted with the ontological and epistemological orientation of the research. Tracking a person over time enables learning to be understood not simply as a fossilised endpoint (Toulmin, 1999) but as a process of change.

Furthermore, over a number of interviews participants may come to understand the focus on practice-based learning providing more material on this learning through work activities (Hodkinson and Macleod, 2010) rather than explicitly learning-focused tasks such as training courses. Furthermore, the method would allow space for what Cohen et al (2002) calls ethnographic validity – the identification of patterns and themes that arise repeatedly across the interviews.

The specific details of the methods as carried out will be discussed in depth in section 3.5. First though, attention will turn to the influence of grounded theory on data collection and analysis.

3.1.4. Grounded theory

The reasoning underpinning the approach taken to data analysis is closely connected to collection of data and theory building. A wide variety of analytical approaches are relevant to a dataset of this kind. Presenting the data as life stories (incorporating their progress over the four months of interviewing) would convey a strong sense of participant agency at the cost of a more muted account of the participants' social and material worlds (Hodkinson et al., 2008b). Given the volume of data collected through observation and multiple interviews, a thematic analysis would be a less resource-intensive way of providing an account of learning, though as Oktay (2012) notes, such an approach is less amenable to generating explanations or interpretations of why things are so.

Given the concern with allowing participants to project their own ways of defining the world (Cohen et al., 2002) and an aim to construct an explanation of

the dynamics of support worker co-participation, grounded theory was considered appropriate. Since the publication of Glaser and Strauss's seminal text on grounded theory (Glaser and Strauss, 1967), a number of different versions of this approach have developed. Strauss and Corbin's (1998) approach to grounded theory aims to generate a logical, systematic and explanatory scheme - in other words, a theory - which can be used to explain a phenomenon. The method involves a process of constant comparison in which the researcher creates meaningful categories out of the data by systematically identifying differences and similarities in the participants' experience. Striving to tease out the particular properties and dimensions of each category, the researcher constructs hypotheses or questions which are addressed through further iterative cycles of sifting through existing material, referring to the theoretical literature or returning to the field to collect more information. Through this process, the researcher becomes sensitised to repeated patterns of experience and the relationships between these patterns and is able to create an explanation of what is going on.

Grounded theory offers a systematic approach to data collection and analysis. Although Strauss and Corbin (1998) advocate a range of specific analytical techniques and procedures, their approach can be read as a way of thinking about data that emphasises intuition, openness, reflexivity and creativity. They emphasise that the techniques are not commandments and nor should they be performed rote fashion, suggesting instead that the spirit of the method must be adhered to - systematic yet flexible, open to the participants' worldview yet interpretivist, immersed in the data as well as creative and intuitive.

Furthermore, it is an approach in which theory, and to some extent research design, is emergent (Moore, 2010). The repeated cycles of data collection with the participants used in this research would provide space to explore emergent lines of enquiry. However, total emergence is not possible. Human participant ethics boards require an indication of methods and lines of enquiry. Time frames and willingness of participants to engage in emergent processes may be limited. This is not to say that there is no room for emergent enquiry within research but rather, it is a process of shifting focus within particular constraints (Silverman, 2006).

Strauss and Corbin's approach represents a constructivist revision of grounded theory (Oktay, 2012). It acknowledges that the researchers' preconceptions and theoretical orientation plays a part in the creative and interpretative process of theory building (Henwood and Pidgeon, 2003). This is not to diminish the importance of openness to the participants' experience, but as Strauss and Corbin (1998) acknowledge, there is an interplay between the inductive process of discovering patterns in the data and the deductive and constructive process involved in establishing conceptualisations. The approach does not require that the existing theoretical literature is put aside. Existing theory generates questions for initial data collection, sensitises the researcher to the categories in the data, offers a point of comparison and provides direction in sampling. Different theories offer lenses that bring into view particular perspectives highlighting different features of the data (Silverman, 2006). As Henwood and Pidgeon (2003) imply in their use of the term 'theoretical agnosticism' (p. 138), the grounded theorist is not wedded to one perspective but is open to alternative interpretations.

So in conclusion, Strauss and Corbin's grounded theory is an approach that is particularly appropriate to the generation of explanations based in the participatory metaphor. The requirements of the constant comparison method further reinforce the importance of repeated cycles of data collection with participants.

3.2. Positioning of the researcher

The research process will be shaped by the character and experience of the researcher. Early on in his career, the researcher had worked fulltime as a support worker for people with learning disabilities. This experience attuned him to the position of this occupational group and their developmental needs. This interest in entry-level practitioners in health and social care became a recurring theme in his career as he went on to teach childcare workers and work with volunteers in various community services.

The researcher went on to The Open University to develop the first foundation degree in health and social care. This degree was aimed at assistants to nurses and the allied health professions. This work raised his awareness of the way in which the support worker's role was demanding increasingly sophisticated skills and greater autonomy. Developing the practice-based course led to a number of conversations with sector representatives, employers and other educators. These conversations suggested that role changes were welcomed or seen as necessary but were not easily made. Workplace affordances for development were

sometimes unavailable. Changes in role may not be rewarded. Registered colleagues may resist the changing nature of the role.

These experiences shaped the research process in a number of ways. First, it was in reading around the topic of support worker development that it became apparent that very little research had been done in this area. This realisation inspired the PhD research in the first place. However, before starting the PhD, the researcher had carried out two small research scale projects with similar themes to this PhD. Some of the papers resulting from this research are cited in this PhD. Second, the researcher's experience as a support worker and teacher may have lent the research credibility. He was aware that he would refer to his experience of support work and involvement in teaching in the initial meetings with support workers and managers. Both of these elements may have lent the research the credibility of being connected to practice and having the potential to impact on the learning of support workers through the design of Open University courses. Third, his work on the foundation degree developed contacts in the sector and in education. The researcher was able to draw on his sector contacts for discussions about the direction and focus of the research. He also used these contacts in the sector to access support workers for the study.

3.3. Ethical considerations

Before commencing data collection, ethical approval was successfully acquired through the following channels:

- The Open University's Human Participants and Materials Ethics Committee;

- the National Health Service's Research Ethics Committee (Oxford REC A) in order to recruit participants from health and social care organisations;
- A Student Research Panel in order to recruit students from a university-based introductory health and social care course to participate in the study.

A subsequent National Health Service Site Specific application was also successfully submitted to gain access to the specific health and social care organisations who had agreed to participate in the research.

In section 3.3, it was noted that the researcher worked at The Open University and had contacts in the sector. It should be noted that he did not teach on any courses that were being studied by the participants in this research.

3.4. Constructing the sample

Support workers were defined as non-registered assistive personnel such as healthcare assistants or occupational therapy assistants – practitioners who work under the supervision of a registered practitioner. Recognising the different nature of the role in social care, support workers were also considered to be those who enable service users to participate in aspects of ordinary life such as communication, employment or leisure activities.

In recruiting participants, the aim was not to select a representative subsection of the support worker population in order to make inferences about the whole population. The aim was to create a nuanced view of how practitioner identity

interacts with practice to shape the conditions for learning. To this end, criterion-based sampling (Patton, 1986) was used to select participants on the basis of personal characteristics that would illuminate particular aspects of this dynamic.

Thus, participants were selected:

- with respect to gender and age to extend the work done by Munro et al. (2000) and Rainbird et al. (1999) on the different learning affordances and experiences in relation to these factors;
- from both the health and the social care sector and different kinds of setting;
- who had many years of experience of the work domain and those with little experience to capture the different character of learning among those new to practice and old timers (Eraut, 2010, Fuller and Unwin, 2005);
- who possessed different levels of post-compulsory educational experience (for example, studying towards a National Vocational Qualification (NVQ), a university-level qualification as well as those with no qualifications).

3.4.1. Recruitment

All participants were drawn from the same city in England. A number of methods were used to recruit participants. First, there was some “cold calling”. Hospitals, private care homes, general practice surgeries and community support services were contacted by phone (“cold calling”) with discussions followed up by mail. This initial cold calling was an attempt to gain access to a range of sectors and settings – both public, private and third sector, community-based and institutional, acute and long term care. Unfortunately, the nature of the health and social care

sector is such that services are persistently under-resourced and over-subscribed making it difficult to get any response to requests for research participants.

Despite this, with persistence and sensitive negotiation, this process identified one agency and an organisation made up of a network of different services in different settings willing to participate.

To pursue a wider pool of participants, e-mails were also sent to a selection of support workers studying a first year university course in health and social care. There was one reply from a potential participant but initial exchanges suggested that this practitioner shared too many characteristics with those already recruited to add much more to the sample. This person was not included.

One organisation was recruited by drawing on existing personal networks, an approach which can be termed opportunistic sampling. Opportunistic sampling potentially introduces biases associated with the researcher's characteristics (see Mason, 2002), but does afford criterion-based sampling by enabling the selection of a setting and participants with particular characteristics.

By the end of the recruitment process, eight organisations and their participants had agreed to participate. It was decided that this was sufficient. These organisations represented both health and social care services. Some were community-based while others offered services centred on a particular physical location. The agencies reflected a mix of service users and can be grouped into four categories – learning disability services (including many with physical disabilities), a mental health service, a district nursing service and one attending to

people with a dual diagnosis of both mental health issues and learning disabilities. In particular, the participants who had agreed to take part reflected a range of roles and personal characteristics - a mix of male and female, a range of age groups, experience, educational background and career aspirations.

3.4.2. Establishing access

Upon making contact with organisations, the research and the desired participants were discussed with the service manager. Service managers received information sheets explaining the research. The managers were also given information sheets to distribute to practitioners inviting them to participate in the research.

Once participants were identified, they were met with individually or in groups to discuss the research further. All participants received a written description of the research project and were given time to think about the commitment involved. They were followed up by phone to make an appointment and during this conversation, were given the opportunity to discuss the project further including whether they were willing to be observed in practice. All participants signed a consent form which promised anonymity, the option to leave the project at any point and the right to view and change their interview transcripts.

3.4.3. Participant characteristics

14 support workers in eight settings were identified (see Table 1). The names of the participants and the services they worked in are all pseudonyms. The learning disability settings all were part of a region-wide learning disability organisation operating several satellite centres each with their own premises and

management. Some centres in the learning disability group served a distinct service user group – for example, people with severe learning and physical disability or those living independently with some support.

Table 1 shows that although both health care and social care support workers participated in the research there was a bias towards social care. The table also indicates the main location of the participants' work. Some primarily worked in community settings, supporting people at home, in shopping, employment or leisure activities while others were mainly employed to care for people in the service's centre.

Table 1 also refers to the practitioner's manager. This person was someone with direct line management responsibility for the practitioner in that they had a role in overseeing and allocating duties.

Finally, table 1 identifies the type of service participants' worked in – either learning disability, mental health, dual diagnosis of mental health and learning disabilities and district nursing.

Table 1. Research participants: role and service type

Service type	Participant	Gender	ROLE TYPE		SERVICE TYPE		
			Social care support worker	Healthcare assistant	Community-based	Centre-based	Centre and community-based
Southside Community Mental Health Team	Agnes	Female	•		•		
	Beth	Female	•		•		
	Corinne	Female	•		•		
	Manager	Female			•		
<u>Mental health</u>							
Eastside Community Support Team	Debs	Female	•		•		
24 hour Learning disability support service	Manager	Female			•		
Pembroke Centre Community Support Team	Freya	Female	•				•
	Grace	Female	•				•
	Manager	Female					•
Learning disability day service							
Massey House Residential service:	Ingrid	Female		•			•
	Jenna	Female		•			•
	Manager	Male					
<u>Dual diagnosis of mental health and learning disability</u>							•

Table 1 (continued)

Service type	Participant	Gender	ROLE TYPE		SERVICE TYPE		
			Social care support worker	Healthcare assistant	Community-based	Centre-based	Centre and community-based
Westside Community Support Team Learning disability support service	Lisa Maya Manager	Female Female Male	• •		• • •		
Cherry Tree Centre Learning disability day service	Raj Uja Manager	Male Male Male	• •				• • •
Waterside Centre Severe physical and learning disability day service	Wendy Manager	Female Female	•				• •
Northside District Nursing Service District nursing	Zoe Manager	Female Female		•	• •		

Table 2 shows that more females than males were recruited with participants' ages distributed across four age ranges.

Table 2. Participant gender and age

Gender		Age				
<i>Female</i>	<i>Male</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60-65</i>
12	2	3	0	8	2	1

Table 3 shows that participants varied considerably in the extent of their experience both in terms of the time served in their current role and in the field as a whole. The participants included those who were relatively new to support work and those experienced workers who had been in their current role for a relatively short period of time offering the potential to explore a recent significant transition.

Table 3. Participants' years of experience in current setting and the health and social care field

	Time in current setting	Time in health and social care sector
Less than a year	4	1
1- 5 years	3	4
6 – 10 years	4	2
11 - 15 years	2	3
16 – 20 years	1	2
21 – 25		1
26 – 30		1

Table 4 shows that participants also varied in terms of their engagement in post-compulsory education. A number had obtained or were in the process of obtaining qualifications making the commonly used descriptor ‘unqualified’ an inappropriate designation. Of the 14 participants, only five were either without qualifications or not working towards one. Of these five, two had completed some courses or vocational units but had abandoned their study before completing the award. One participant is counted twice in the table below for having pre-registration training and a postgraduate award.

Table 4. Participants’ post-compulsory educational experience

Vocational awards (levels 3-4)		University awards (levels 5 – 7)		
Completed	In progress	Pre-registration training or undergraduate degree*	Postgraduate studies	Degree level education in progress**
3	1	3	1	2

* Includes diploma of social work, diploma of nursing or teaching degree.

** Includes the study of open courses that make up a pre-registration training programme

3.5. Research procedure

Data collection took place between April and December 2008 with one exception. One participant, away on a leave of absence, took part in a final interview in June 2010.

3.5.1. Piloting

Gathering reliable data involves testing the data collection tools before commencing the research. It involves ensuring that the participants understand the questions in the same way as each other and the researcher (Silverman, 2006). The methods were refined with two health and social care workers drawn from personal networks. Following the piloting, the sequence of questions was revised. A timeline activity depicting the participants' life history was dropped in favour of collecting a verbal account only. The data from these pilots were not used.

3.5.2. Observations

Observations of seven individual support workers in practice (half a day to a day in length) were carried out. The sensitive nature of the field of practice meant that those in the mental health and health visiting services agreed to participate in interviews only. Participants and their managers ensured that any others present during the session gave their consent for the observation to take place (information sheets were distributed for this purpose). For those participants who were observed, the observation session took place on the day of the first interview. Recognising that close inspection of anyone's practice is not a comfortable experience (Fessey, 2002a), observations were preceded by an interview as part of establishing trust and confidence in the process (details in section 3.5.3 below).

A tool created out of key areas related to the social and materially based nature of learning enabled observation to be guided by what Tjora (2006) calls sensitising

concepts. The key aspects noted are summarised in Figure 1 below and the observation schedule can be found in appendix one.

Figure 1. Participant observation: areas of focus

Work activities: descriptions of all work activities including interactions with service users and colleagues, administration, breaks, use of artifacts and equipment, travel and meetings.

The physical setting: descriptions of where activity takes place including the layout of setting, equipment, décor and notices.

Communication: paraphrases of communication with service users, their families, formal and informal interactions with colleagues and other parties were noted. Notes of body language were also made.

Temporality: the time of day activities took place as well as the pace and length of activity.

Participant discussion: follow up observations with participants throughout the session seeking explanation or interpretation of what has or will take place.

Researcher interpretations: any links to theory, observation of patterns or interpretation are bracketed off into a separate section of the notes.

There is a danger that tools will excessively structure observations around particular preconceptions and introduce biases. Arguably such biases are inevitable. All research is conceptualised with a particular theoretical orientation which imprint the notes with the author's understanding and interpretations (Tjora, 2006). Tools then make transparent the orientation of the research. Furthermore, efforts were made to manage potential bias. The categories in the tool were wide enough to ensure openness to the particular practices of each participant. Personal interpretations, links to theory and other data, or questions to follow up with participants were noted but bracketed off from the descriptive material. In addition, discussing the notes with respondents provided an opportunity for inaccuracies to be challenged or reinterpreted. Some participants, such as Ingrid, would even point out when significant activities had not been noticed.

Extensive notes were taken of the participants' activities throughout the day. Events or processes can be neither interpreted nor understood until they have been well described (Tjora, 2006). Mundane activities were treated as 'anthropologically strange' to sensitise attention and move beyond the taken for granted. For example, a description of Ingrid and Jenna organising the staff roster would, in combination with interviews, illuminate issues such as the role of tools in practice, shared understanding and activities that were accessible and inaccessible to support workers.

Following Fessey's (2002a) work in which she observed episodes of practice and then discussed the notes she made with the practitioner, time alone with the

participant (during smoking breaks or car trips, for example) was used to elicit interpretations of recent or pending events. These 'mini-debriefs' included motives, necessary capabilities, challenges, satisfactions or dissatisfactions and the place of the activity in the overall scheme of the role. These debrief interviews grounded discussions in concrete examples. Finally, observations ended with an hour long debrief interview (see appendix one).

Notes were typed up immediately after the observation and further details added from memory. Service users and colleagues were not the focus of data collection. The only information collected about them was that necessary to make explicable the support worker's actions.

3.5.3. Semi-structured interviews with support workers

Participants took part in four interviews. As section 3.1.2 suggests, interviews focused on activity, capabilities and how developed, moments of disjunction, life history and transitions. A semi-structured interview schedule was developed. As semi-structured, the schedule included set focus areas and wording for key questions but was sufficiently open ended to allow digressions, reordering of questions and exploration of unexpected issues. This semi-structured approach systematised data collection but minimised the effects of researcher biases (Foster, 1996). It enabled participant freedom to explore issues on their own terms (Wilson, 1996). The four interviews were as follows.

Initial interview (see appendix two): this interview was aimed at developing an understanding of the support worker - their role, aims, service user group,

organisation, work tasks, and capabilities. Participants were prompted to describe tasks. A life history was elicited exploring the choices made, opportunities engaged with (or not) and plans for the future to build up an understanding of the agentic and identificatory processes that influenced learning. This first interview was considered an introductory overview to the participant, their practice and their learning.

Those participants involved in observations participated in two initial interviews. Before the observation, the same interview as described above took place. Following the observation, the second half of the interview focused on the activities observed (the debrief interview in appendix one).

Two follow-up interviews (see appendix three): these interviews had four foci.

These were to:

- **seek clarification** by following-up issues, patterns, or ambiguities from the previous interview;
- **explore learning trajectories** by discussing how the capabilities identified in the previous interviews had been developed;
- **review recent activity** by following up on events-in-progress discussed in previous interviews and to explore plans. This focus enabled the collection of data around the participant's development over time. For example, Jenna was offered a secondment to study social work. The series of interviews revealed how the deliberations and workforce events shaping her decision making changed over time. This process provided insight into her values, her sense of her strengths and weaknesses, career

aspirations, relationships with colleagues and what she valued about her work - in other words, the processes underpinning the construal and construction of affordances.

- **critical incident analysis** to capture moments of disjunction (referred to as tipping points in the schedule). Before each interview took place, participants were prompted through a written reminder sheet to think about any recent challenges, changes or successes - something big or small that changed the way they felt, saw or did things. Participants were asked to describe the incident in detail and the impact upon them. They then described what was learnt and what they would do differently in future. Participant preparation for this question varied. One participant e-mailed (unrequested) reflective diaries. Some had incidents prepared before the interview and even foreshadowed that they had something to discuss when the reminder phone call was made. A few had not prepared anything and used the interview time to identify such incidents.

These follow-up interviews initiated a sequence of analysis in which themes could be progressively developed. The issues arising in one interview would be related to matters established earlier in the sequence in order to establish themes or identify contradictions (Silverman, 2006). As particular categories of experience began to emerge in relation to one participant or across participants, theoretical sampling (Straus and Corbin 1998) could take place in which issues would be investigated in subsequent interviews. For example, a number of participants described caring practice as improvisation. To develop this concept further, this issue was systematically explored in subsequent interviews.

Concluding interview: the concluding interview had three foci. First, one last critical incident analysis was conducted using the questions from the follow-up interview. Second, any events still in progress from the previous interviews were followed up. Third, a 10 page thematic profile of the participant was prepared that described their role, capabilities, practices and key learning events.

Participants were sent the profile before this final interview. Discussing this profile served as respondent validation in that findings were returned to the participants for verification (Foster, 1996). The descriptions arising from the data collection could be tested for fairness, accuracy and relevance through discussions with the participants concerned (McKee, 2002).

However, discussion of the profile was not simply respondent validation. It was another source of data, adding further depth, complexity and richness to the enquiry (see for example, Foster, 1996, Silverman, 2006) and an opportunity to flesh out emerging concepts (Strauss and Corbin, 1998). Participants would consider the themes and extend the analysis further. Some participants would offer a meta-commentary on the profile. Beth for example, assertively opened her final interview wanting “to make a statement” about how raising a child with a disability shaped her practice. She went on to explain how she had changed her mind about the things she had reported in the first interview – an example of the gradual changes associated with learning.

Manager interviews (see appendix four): Each participant’s manager was interviewed about their role, the skills needed for the support workers’ work and

organisational support for learning. It was recognised that discussing the particular participant was a sensitive matter and the interview focused on generalities to do with the setting rather than specific individuals.

Interview procedure

In addition to making a digital recording of, and transcribing the interviews, notes were taken immediately after each session. Some points in these notes were followed up in subsequent interviews – particularly important if decisions had been made during an interview to prioritise one issue over another. The notes also recorded how the participant presented during the session. For example, after one interview it was noted that Agnes arrived late and looked uncomfortable. She complained about working with a man with poor personal hygiene and self consciously fluffed her clothes asking if she had brought the smell with her. Although a small point, her body language emphasised Agnes's difficulty working with people with hygiene issues, a point which came out in the interviews as well. As she explained, the importance she placed on hygiene determined the kinds of issues she prioritised with service users and the kind of problems she raised in team meetings.

3.5.4. Document analysis

Participants and their managers were asked for job and service descriptions. These documents provided a further source of information about roles, aims, context and capabilities.

3.5.5. Participant retention

Table 5 below shows that the research maintained a high level of ongoing involvement from participants. 61 interviews with 22 people (support workers and managers) were carried out. In addition, seven participants were observed in practice providing six days of observational data. 106.5 hours of data in total were collected.

Table 5. Participation in research activity by setting and participant

Service type	Participant	Interviews	Observations (days)
Southside Community Mental Health Team	Agnes	3	
	Beth	4	
	Corinne	4	
	Manager	1	
Eastside Community Support Team 24 hour Learning disability support service	Debs	4	1
	Manager	1	
Pembroke Centre Community Support Team Learning disability day service	Freya	4	1
	Grace	4	
	Manager	1	
Massey House Residential service: Dual diagnosis of mental health and learning disability	Ingrid	4	1
	Jenna	4	1.5
	Manager	1	
Westside Community Support Team Learning disability support service	Lisa	4	0.5
	Maya	4	0.5
	Manager	1	
Cherry Tree Centre Learning disability day service	Raj	2	
	Uja	4	1
	Manager	1	
Waterside Centre Severe physical and learning disability day service	Wendy	4	
	Manager	1	
Northside District Nursing Service	Zoe	1	
	Manager	1	

Three participants withdrew before completion:

- A healthcare assistant recruited from Northside District Nursing Service became ill, postponed involvement in the data collection and subsequently died;
- Raj no longer had time to participate and withdrew after 2 interviews;
- Agnes resigned before the end of the study and did not complete the final interview.

The data collected from Raj and Agnes were included in the final data set.

3.5.6. Appraising validity

One source of error in observation or interviews can arise through participants responding differently because of the research method (procedural reactivity) or the characteristics or behaviour of the researcher (personal reactivity) (Hammersley, 1998, Foster, 1996, Paterson et al., 2003). Procedural reactivity may take a number of forms. Observations, with their close inspection of practice is not a comfortable experience (Fessey, 2002a) and participants may change their behaviour. As a result, educational research can be limited by incongruence between what the researcher perceives through interviews and observations and what actually occurs at other times (Cohen et al., 2002). In this research, this was manifested in different ways. For example, Jenna would occasionally speak to colleagues in whispers. Freya appeared very aware that she was being observed and would comment on the note taking. Maya who had experience of being shadowed by inexperienced practitioners would occasionally point out the

significance of her actions - for example, making a show of displaying her identity card before entering a home and explaining that she is trying to make others more security conscious. In contrast, Uja seemed so driven by the multiple demands of running a gardening session with half a dozen service users he appeared to have little time to give the observation much attention at all.

Although learning with its associations with uncertainty, error and sub-competent behaviour may provoke participants to present what are seen as more acceptable accounts of practice, the interviews provoked both positive and negative responses. The interviews appeared to have a positive effect on some participants. Maya, for example, noted that they were the only opportunity available to reflect upon her practice. Beth too reported that she had been much more reflective since the interviews had started. Also, after discussing her capabilities, she went to her line manager to ask for more responsibility – she wanted to use the skills she had identified in interviews. In contrast, at times Freya was reluctant to explore certain experiences that she hoped she could leave behind. Such moments were carefully handled so as to avoid too many uncomfortable questions.

There will be a limit to the extent to which personal reactivity can be eliminated altogether. Participants will have some personal feelings about the researcher and will make judgments about their empathy, interest or credibility. The possibility of personal and procedural reactivity highlighted the importance of establishing the confidence and trust of participants so they felt comfortable exposing the boundaries of their competence without repercussions (Fessey, 2002a). In this research, the initial meeting and information sheets were seen as a way of

establishing a relationship and ensuring participants could have their questions answered. Confidence and trust was built by promising confidentiality and adopting a non-judgmental stance emphasising that practice standards were not being judged. This non-judgmental stance was reinforced by remaining open to the issues participants presented and demonstrating interest through active listening skills - open-ended questions, paraphrases and minimal encouragers. Key messages were paraphrased and fed back to the participants in a non-judgmental way to demonstrate they had been heard and their message accepted. Furthermore, the extended data collection period – four sessions in at least four months presented an opportunity to build up a relationship that could support open and honest communication over time.

Triangulation

Validity is often established through triangulation. This involves collecting a series of perspectives on a particular event or issue in order to establish shared or common meanings and identify contradiction (McKee, 2002, Tjora, 2006, Spilsbury and Meyer, 2004). It also involves cross checking data with other sources of data – if a conclusion is supported by data from another source then the researcher can be more confident of its validity (Foster, 1996, Hammersley, 1998). In this research, a more nuanced interpretation of triangulation was made. Gathering data from a range of sources enabled the establishment of a detailed picture of the setting as well as cross checking certain issues. It was recognised that participants may not know or recognise the definitive facts about their situation and behaviour (Hammersley, 1998) and collecting material from multiple sources enabled a fuller picture to be developed. For example, a

manager's perspective on what activities support workers were allowed to do could incorporate an understanding of organisational policy or finances that support workers may lack.

However, these different data sources were not used to adjudicate between accounts, but were a way of deepening, adding breadth, complexity and richness to the enquiry (Silverman, 2006). Firstly, interviews, observation and document analysis were used interactively (Tjora, 2006). Observations would suggest probes for interviews. Similarly, incongruence between a participant's account of their role and what is in their job description was explored further.

Also, different methods reveal different truths (Silverman 2006). Observation can be seen as the public performance of a practice while the final interview was often experienced as something more personal and private. Similarly, some participants produced different accounts of their setting. Agnes's account of a team where everyone pulled together despite their occasional squabbles did not fit with Corinne's feelings of marginalisation. Lisa's manager described supporting people's aspirations while she felt she had no viable career opportunities. Such variation between participants in the same setting were considered in relation to each person's narrative as a whole and interpreted as a reflection of their particular construal and meaning making. However, they were not compared to find the truth but rather, revealed data about individual's identification and agency.

3.5.7. Anonymisation

The data from the interviews and the observations were anonymised so that no individual participant could be identified from their contributions. Each participant was allocated a unique code which was used to match different data sources to the same person.

A number of participants' wanted assurances that they would remain anonymous. They did not want others to know they had been critical of colleagues and managers or learn about their history and ambitions, frustrations, conflicts and failures. It became apparent that the health and social care sector was more closely knit than first imagined. Practitioners often knew of those in other services if not through personal contact then through reputation. As a result considerable effort was made to disguise personal details and descriptions of settings.

3.6. Data analysis

3.6.1. Organising the data

The NVivo software package was necessary to manage and analyse such a large data set. While it was clear that NVivo would speed up the process of analysis, there was a danger that it would discourage engagement with data (Weitzman and Levkoff, 2000). Coding large amounts of transcribed material can become overly mechanistic and superficial (Crowley et al., 2002). Another danger was that text grouped within the same category can, once retrieved and removed from the

surrounding context, lose its meaning (Dey, 1993, Spencer et al., 2003). This problem is enhanced by multi-data approaches (Eraut, 2005) as in this research.

In this research, the participant profiles were helpful for maintaining a sense of the whole person and preventing lack of contact with the data or excessive fragmentation. Moreover, care was taken not to over fragment the data in the coding but rather to code 'episodes' – participant accounts that were complete in themselves. Certainly, the sheer volume of coding could potentially lead to mechanistic or superficial coding. However, coding was done in sessions of around two hours in length to maintain concentration. Care was taken to keep analytic memos which contained observations of patterns, questions, links to other parts of the dataset and to literature. This process maintained a questioning attitude and one that built theory, connections and patterns throughout the process.

3.6.2. Analysis process

In carrying out the analysis, the method follows Spencer et al.'s (2003) process of exploring themes and relationships:

- within each case (for example, between the participant's self confidence and their willingness to take on particular responsibilities);
- within clusters of cases such as the data from the same setting;
- and across all cases.

The analysis process involved the six steps below which proceeded in an iterative fashion with much movement forwards and backwards.

a. Analytic memos

As soon as data collection began, analytical memos were being written, which is a key technique in grounded theory (Strauss and Corbin, 1998). Some memos referred to individual participants and often served as a source for follow-up questions or early drafts of the profiles. Other memos referred to specific issues such as 'care' or 'shadowing' and would note commonalities or differences between participants. Some documented links to theory, speculated associations, hunches or interpretations. To aid the integration of this material with the analysis and reporting, analytic memos were linked to particular categories or groups of categories in the coding scheme (see 3 below).

b. Preparation of participant profiles

As the interviews proceeded, each participant's transcripts and notes were developed into 10 page thematic summaries or profiles. While fragmentation of analysis has been seen as facilitating the abstracting process associated with theory building, there is also a danger the process can take off from the data (Spencer et al., 2003). The profile was a way of keeping the individual in view throughout analysis. These profiles were placed in Nvivo and also coded.

c. Developing coding frames

The notes, transcripts and participant profiles were read through. To build a coding scheme topics, categories, recurring themes, surprising findings or contradictions in the material were noted (Boulton and Hammersley, 1996). As suggested by Ritchie et al. (2003) these codes referred to a range of issues – attitudes or feelings, behaviours, interactions, activities, transitions and opinions.

As much as possible, care was used to construct codes using the participant's language (for example, feeling 'stuck' or 'invisible'). However, to limit the number of categories, code titles became increasingly broad to cover a wider range of issues.

As Ritchie et al. (2003) suggest, descriptive notes making clear what each code referred to were developed to ensure they are applied uniformly. The coding scheme was adjusted or added to as the coding proceeded. When codes were adjusted, care was taken to check data previously coded to ensure continued fit.

d. Coding the dataset

Codes were applied to the interview and observational data as well as the profiles. The data was closely read to establish 'what it was about' in order to determine which codes applied. Much of the data had multiple codes applied so as to provide a structured dataset that could be used to identify linkages and associations to form the basis of explanation (Spencer et al., 2003). For example, a piece of data coded as 'Dealing with people who are difficult, offensive, manipulative or aggressive' would also be coded as 'who' to capture the range of actors involved. It could also be coded as 'plans to leave role.'

As coding proceeded, the analytic memos continued to be written establishing overviews of each category and identifying relationships between codes. As the coding progressed, the skeleton of the argument was drafted up. However, aware that detailed examination of the material at each code was likely to reveal new insights, these documents were regarded as provisional.

e. Explaining, conceptualising, theorising and reporting findings

In this final stage, accounts of what and how are developed (Spencer et al., 2003).

Typically this last stage is the least linear – studying patterns, sometimes re-reading full transcripts and generally thinking around the data (Ritchie et al., 2003). In this research, this was a process of going backwards and forwards between the data and emergent explanations, exploring questions and establishing relationships (DePoy and Gitlin, 1994). It involved considerable comparison - within cases, across cases and clusters of cases such as participant groups in different workplace. The aim was to reveal the underlying meaning in categories and sub categories beyond what was immediately visible (DePoy and Gitlin, 1994). The use of the term beyond ‘what is immediately visible’ is particularly illuminative of a process that involves a process of going beyond the obvious, working on hunch and insight, moving beyond the explicit into what can be construed. Yet at the same time, hunches were tested out through close examinations of data.

The process is one that involves identifying patterns in experience and establishing relationships. It also involves asking questions of the data and proposing hypotheses which are tested out. Frequency counts of the occurrence of each code across the dataset and in relation to each participant were made and tabulated to establish a sense of where significant patterns and differences were occurring. While the cross sectional tabulations identified highly significant themes, the within-participant analysis drew attention to factors particular to the individual to be explored further. Participants were also clustered by setting to

reveal context specific patterns. For example, the data for Ingrid and Jenna, who worked in the same centre referred to 'adherence to conventions and norms' more than those in other centres. Such patterns revealed particular issues to do with hierarchy, authority and conceptions of care among the team. These patterns could be explored to identify particular conceptions of caring practice with service users.

Quantification was used cautiously. Quantifying qualitative data has the potential to lead to superficiality and disengagement from the meaning of the data. It could also be seen as a method more suited to content analysis than grounded theory.

The quantification of themes was complemented by the insights within the analytic memos. Furthermore, tabulating the frequency of the occurrence of certain codes identified particular foci, a process referred to as selective coding in which key categories are identified and other categories related to it in order to build up a narrative or explanation (Strauss and Corbin, 1998). Also, as analysis progressed, further questions and hypotheses arose and were investigated.

In order to develop analyses around a particular focus, Strauss and Corbin (1998) describe the use of axial coding in which the particular properties and dimensions of each category are established. For example, the properties of 'first days in current role' included different kinds of tasks given to the worker or interactions with the team. Properties had particular dimensions. A dimension of an allocated task may be 'new to participant' or 'connected to past experience', for example. This process of establishing the properties and dimensions of a code proceeded until the code was 'saturated'. To some extent, establishing saturation began

during data collection as details about particular experiences were explored with participants. However, saturation also included reviewing the data until no further properties and dimensions could be established.

The analysis also involved developing relationships and explanations between different aspects of the participant's experience. This process was intertwined with data collection through the creation of analytic memos, the questions asked in follow-up interviews and the thematic summary in the participant profile. To return to the example of 'first days in the current role', relationships between this category and 'in-house training and induction courses', 'supervision' and 'role models, shadowing, guidance and feedback' were identified and explored.

In addition to relationships across the data set, relationships within single cases were also identified. For example, over the course of four interviews, Corinne's feelings about her place in the team moved from marginalisation and disenchantment to renewed commitment and enthusiasm. The explanation for this shift lay in a number of associations. Her sense of marginalisation could be linked to a number of issues - her low position on the hierarchy, her social care background and feeling unsupported in her ambition to train as a social worker and her self concept as working as an 'unqualified social worker'. Her changing feelings seemed linked to the support her line manager later gave her for her application to a social work programme, an increase in release time to social work relevant training courses and an invitation to a 'professional meeting' which she read as an acknowledgement of her value. Such within-case relationships were compared to other cases.

The explanations generated drew on multiple factors in the participants' accounts. Silverman (2006) argues that the single element explanation is likely to be less satisfactory than the multi-factorial one. In addition, these explanations of situations can not be seen as accounts of causal or deterministic laws (Spencer et al., 2003, Strauss and Corbin, 1998). For example, in some settings participants clearly had low levels of authority that could be attributed to their position in the hierarchy. However, hierarchical position did not necessarily cause low levels of authority. For example, Jenna and Ingrid were observed as holding informally authoritative positions as long established and locally knowledgeable members of a team. In this example, it would be difficult to present a causal law regarding support worker status as leading to lower authority. Rather the different factors in the participants' history and context lead them to be in a position where they could exercise a high degree of influence in their team. This is an explanation of why things are the way they are based on different meanings and understandings (Spencer et al., 2003). This is an approach stressing what is particular and individual rather than simply general and universal (Cohen et al., 2002).

3.7. Illustrative pen portraits

As the data was analysed and written up, it was decided to present the results in three broad themes: i) the character of caring practice as a subjective and situational reconstruction; ii) the character of practice-based learning and iii) the role of identification. Themes running across participants are presented in each chapter and illustrated with reference to five participants. These participants were selected because they were different in terms of the following characteristics.

- **Areas of work:** the sample included four different areas of practice (community mental health, learning disability, dual diagnosis work in mental health and learning disability and district nursing).
- **Length of experience:** participants had different levels of experience. Participants new to the area of work (less than a year's experience), experienced participants in a new role and those with considerable experience in their post were chosen.
- **Trajectory:** the interviews suggested that participants' trajectories (their past and future) shaped how they approached practice. For example, someone with a history in social care was seen as viewing their practice differently from someone with a medical background. Similarly, aspiring to progress into a registered role or having decided to resign influenced an individual's orientation to learning opportunities. People with different trajectories were selected.
- **Post-compulsory education:** involvement in formal education appeared to reshape views of practice, skills and aspirations. Drawing from interview data, participants with different involvements with formal education were chosen.

To double check that the participants selected for illustrative pen portraits would provide sufficiently contrasting illustrations, the frequency by which particular categories appeared in the data of each were compared. Using an NVivo node matrix, the ratio between the number of references to each category for each participant and the maximum number of coding references within the matrix were calculated. In other words,

$$\text{Ratio} = \frac{\text{Total number of references to code X for participant Y}}{\text{Maximum number of references to any code}}$$

The matrix (participant by category) was examined for 'spikes' which were classed as ratios of 26% or above. It was found that of the 34 spikes across the 5 selected participants, areas of distinct emphases outweighed shared concerns.

Specifically:

- 2 spikes shared by all five
- 2 spikes shared by four
- 2 spikes shared by three
- 7 spikes shared by two people
- 21 areas in total unique to only one participant

This process suggests that although there were some shared concerns such as building and sharing understanding, there were enough unique spikes to classify the five participants as sufficiently different for illustrative purposes. The participants that illustrate the results are described below.

Corinne

Location: Southside Community Mental Health Team

Age: 40 - 49

Years in HSC/current role: 3/less than a year

Post-compulsory education: degree in progress

Corinne is a support worker in a community mental health team. She supports the service user's engagement in activities of daily life as a way of restoring the skills

necessary for independent living. She also provides advocacy and cognitive behavioural interventions. Corinne's work is entirely community based, visiting people in their home or accompanying them on leisure, employment or domestic activities.

Corinne works in a multidisciplinary team made up of a locum social worker, community psychiatric nurses, a psychiatrist and other support workers. The service emphasises a team approach. No single practitioner is permanently allocated to a particular service user though rapport and ongoing activities may be taken into account in preparing the roster. The team meets regularly to discuss how to address user needs and talk through problems.

Before finding employment in health and social care, Corinne had worked as a customer complaints officer and for two years, cared for her Father who had dementia. While she cared for him, she took a course in health and social care and became interested in a career in the field. When he died, she found a job in supported housing and then moved to a role as an assistant social worker in mental health where she worked to support people to live independently. She then moved to her current role. She sees herself drawing on both the formal and informal care experience as well as her university study in her current practice. Corinne sees her current role as a stepping stone to eventually becoming a social worker.

Grace

Location: Pembroke Centre Community Support Team

Age: 25-29

Years in HSC/current role: less than a year/less than a year

Post-compulsory education: None.

Grace is a support worker in a day centre for people with learning disabilities. She aims to enable increased independence, employment opportunities or skill development in the activities of everyday life. She spends her day supporting people to go on shopping trips, sporting activities, gardening or sewing. Her daily activity is centred on the day service centre though she spends some of her time supporting users in community activities.

Although Grace had good GCSEs grades, she wanted to earn money rather than stay in school. She took a series of jobs in customer services before deciding she wanted something she could progress in without withdrawing from direct work with people. Although support work was a very different role, the personal qualities and skills developed in customer service work were relevant. She has been in post for less than a year. During the sequence of interviews she had completed her probation and was moving from a less demanding role to something drawing on increasing levels of personal initiative and leadership.

Grace hopes to become a registered practitioner someday and is focusing on gaining experience by sampling a range of roles that will inform her career choice.

Jenna

Location: Massey House

Age: 40 - 49

Years in HSC/current role: 21/12

Post-compulsory education: NVQ 3

Jenna is a healthcare assistant in a residential facility for people with learning disabilities and mental health problems. Some residents been detained under the Mental Health Act. By supporting participation in the activities of daily life, service users develop the necessary skills, understanding and confidence to live independently. Most of Jenna's work takes place in the residential facility.

When Jenna left school she wanted to be a psychologist. She took a job in a long stay hospital for people with learning disabilities to gain work experience but she enjoyed the role so much she decided not to go to university but keep working. She moved to a community based residential facility which demanded a change from an institutionalised to person-centred working style. She then moved on to her current post. As one of the longest serving members of staff, she was observed as a person with authority who not only challenges colleagues' practice but is often sought out for advice.

During the period of the interviews she was being encouraged by her manager to accept a secondment to train as a social worker along with a colleague. At first undecided about the opportunity, Jenna hoped she could work towards a higher level NVQ. Management would not support this option. The frustration of a

blocked ambition, team conflict and disillusionment with her work with service users led Jenna to decide to look for work elsewhere.

Maya

Location: Westside Community Support Team

Age: 40 - 49

Years in HSC/current role: 17 /less than 1 year

Post-compulsory education: Pre-registration training and post graduate qualification

Maya is a support worker for people with learning disabilities. As a community-based role, she works in the service user's home or other settings. Some issues are challenging such as the multi-agency liaison of helping someone move house while others are more everyday such as getting to an appointment, delivering bus training or going bike riding. She sees her role as focused on building independence.

Maya had originally trained as a social worker. She had been managing a highly regarded and innovative therapeutic community for people with mental health problems. However, she had become exhausted by the workload and disillusioned with the lack of contact with service users. She resigned her post to take her current role which she sees as a career break.

As a new member of staff she feels she does not fully understand how things work and feels out of the communication loops. She often feels under utilised, receives

no supervision and has approached her manager to give her work that better matches her skills. She has been given some project work which she feels well suited to. Overall though, she has no long term commitment to the post and aspires to train as an art therapist. However, she is unable to afford the training fees and so remains in her current role unable to see how she could move on. She does not want to return to social work and even if she did, she has allowed her registration to lapse.

Zoe

Location: Northside district nursing service

Age: 40 - 49

Years in HSC/current role: 14/10

Post-compulsory education: NVQ in progress

Zoe is a healthcare assistant in a district nursing service. She predominantly works in service users' homes performing technical nursing tasks - changing dressings, doing bladder washouts, checking blood pressure or taking samples of blood or urine, to mention a few tasks. She never had any intention of going into nursing but when her husband developed myalgic encephalomyelitis, she needed to find work and took on an assistant role on a clinical decision unit. When her husband returned to health she continued working and then moved on to the district nursing role. This role was part time and she was able to be home when her children returned from school. As her children have grown, her ambitions have not changed – she works to support her children at university and during the interviews took on a fulltime post to pay the extra costs.

She is content with her work with no apparent aspiration to move on. She has been studying for an NVQ and although she benefits from her efforts, feels that it is not recognised as a real qualification.

3.8. Conclusion

This chapter started by arguing that an interpretivist methodology encapsulating ethnography and grounded theory was most appropriate to the conceptual framing of the research question. It described four foci for enquiry:

- i. Participation within the social and material world,
- ii. Learning trajectories
- iii. Critical incidents and,
- iv. Life history and transitions.

14 support workers from eight settings were recruited for the study. Seven were observed in practice. The support workers were interviewed four times over at least four months. Two participants dropped out before the end of the sequence. Eight managers were also interviewed. Principles from Strauss and Corbin's (1998) grounded theory were used to analyse the data. The next chapter presents the first of three results chapters and considers the situational and subjective construction of caring practice.

Chapter 4 Understanding support worker practice

This chapter presents findings which address research question one: what is the nature of the support worker role and practice? It describes the way in which participants established a sense of their role as valuable and esteemed by emphasising the significance of their work with service users. Support workers held a conception of capability which is an alternative to that of the “trained” “professional” registered practitioner. This conception rested on the three foundations of practical experience, natural ability and knowledge of service users.

The chapter goes on to describe three domains of caring practice – development and wellbeing focused activities, relationship work and building an understanding of service users. It is argued that this practice is a subjective and situational reconstruction. Finally, the chapter considers the role of instinct, reflective and empathic practice in relation to participants’ sense of natural ability.

This detailed description of practice is important for the presentation of findings in the following chapters. Firstly, by describing the practice in detail it situates any subsequent discussions of workplace learning and identification within a defined domain area. In describing learning, it is important to convey what kind of practice was being developed. Examining the particular qualities of practice enables the generation of more nuanced questions about practice-based learning for caring practice which can be followed up in subsequent chapters.

4.1. Practical experience, being natural and frontline authority

All participants were working in entry level roles. They described themselves as ‘unqualified’, ‘untrained’ or ‘non-professional’. Despite the low status and low value associated with such words, participants understood their work in terms that suggested its significance, value and skilled performance. They did this in two ways. First, they understood their work was important. Second, they defined the personal capabilities necessary for effective practice in terms that functioned as an esteemed alternative to the normative ideal of the registered (the “professional”, the “trained”) practitioner. The way in which they did this will be the focus of this section.

First, participants expressed a conviction that they were providing an important and highly significant service in that they were supporting the growth, development and wellbeing of people with limited opportunities. For example, even a routine 15 minute visit to someone’s home to change a dressing had significance for service users beyond the simple medical procedure – the visit may be the only human contact all week, facilitate healing needed for a cherished holiday or enable a timely assessment of declining health. Not taking a blood sample, incorrectly filling in a benefit form or failing to identify a deteriorating mental state could have dire consequences for service users. Participants dealt with people considering suicide, those whose actions could draw police attention or may harm others. It was entry level work for certain, but as far as the participants were concerned, it was important.

Given that the participants were engaged in such significant work, how did they understand their capabilities when they saw themselves as 'untrained'? The table in appendix five summarises the capabilities identified through interviews and observations. These capabilities are also associated with the four service types – learning disability, mental health, district nursing and dual diagnosis of mental health and learning disability (see table 1 on page 121 for references to service type). This table will be returned to throughout this chapter but at this point suggests that many participants were not untrained at all. A number of their capabilities could only have been developed through training. For example, appropriately responding to someone having a seizure, using SCIP (Strategies for Crisis Intervention and Prevention) techniques, recognising abuse and many of the health maintaining interventions all required some training. Training will be discussed in detail in chapter five.

Although trained to some degree, when the participants referred to themselves as not qualified, not trained and not a professional they were describing themselves in terms based on the normative ideal of the registered practitioner who has studied at university. However, referring to themselves in the negative did not imply that the participants thought they lacked ability. Rather they emphasised their capability as resting on a foundation as significant as training. They understood the foundation of much of their capability as grounded in their practical experience, 'natural ability' and extensive knowledge of services users. These foundations of capability constituted an alternative to the conception of skilled and caring practice associated with registered practitioners. The workings of each foundation will be discussed in turn.

The first foundation was extensive practical experience. Participants understood many of their capabilities as arising out of their extensive practical experience both on the job and in a diverse range of roles ranging from customer services work to parenting. Beth, a mental health support worker, for example, explained that her capabilities were not founded in an extensive knowledge of mental health problems, assessment skills or command of interventions but in terms of her commitment to the service users and her life experience:

“I am keen to work with people in the community and what gives me the skills is the fact that I had had the experience of life skills. I don’t need to have mental illness skills.”

Beth’s reference to “life skills” points to the way that participants needed to be confident and accomplished in everyday life to support participation in various activities such as a diverse range of tasks such as grocery shopping, gardening, using public transport, sewing, gym workouts, managing personal finances or moving house. Appendix five presents many examples of such activities in the sub categories under ‘Development and Wellbeing focused activities’ such as ‘skills to support participation in various activities’, ‘emotions work’, ‘planning’ or ‘advocacy’. Where they lacked experience of such activities, they needed to be able to pick these up quickly and with confidence. For example, although Uja had never used a bow and arrow, he confidently supported a service user in an archery session. In addition, participants also stressed more amorphous capabilities developed through life experience such as the relationship skills of engaging people in conversation, coping with distasteful situations, or dealing with

aggression (see appendix five 'Relationship work'). The importance of life experience in support work will be returned to in section 4.3.1 on development and wellbeing-focused activities.

The second foundation was natural ability. Participants also referred to the need for capabilities that could not be developed through training such as caring, commitment, flexibility, responsiveness or stamina (see appendix five under 'personal qualities'). Participant references to these abilities suggested that these were natural abilities - people either had it or they did not. As Uja, who worked with people with learning disabilities explained:

"... when I came to this job I stated in my interview the only thing I can bring is me. I don't have any qualifications in any kind of social care."

While references to natural abilities evokes a kind of non-gender specific essentialist conception of caring (see Hamington, 2004), participants did not describe the capacity to care simply as a singular quality. While on one hand, the importance of qualities such as commitment or responsiveness were seen as essential to good caring, Uja's phrase "the only thing I can bring is me" reflects the way in which participants also stressed the importance of the individual bringing their unique personality to the encounter with the service user. This uniqueness is what Raj referred to as "his style":

"For me personally it's my style of working. You create this new style, the aura, you create an aura of yourself and say, 'how's it going mate, come on buddy, let's go for it, let's have a look.'"

In Raj's account there are echoes of caring practice as incorporating the use of self (Edwards and Bess, 1998, Wosket, 1999) as discussed in chapter one. To bring oneself – one's style or personality - was part of not 'going through the motions' as a support worker. To 'be myself' was emphasised in the participants' accounts of being authentically engaged in the activity and connecting with the service user. This chapter will revisit this theme in section 4.2.2. when relationship work is discussed.

The third foundation was knowledge of the service users. Participants emphasised their extensive experience of their service users developed through near daily contact, sometimes over years or even decades. Raj characterised this involvement in terms redolent with intimacy and depth of understanding when he explained that *"I know them better than my son or daughter because I'm here 5 days a week."* Such experience provided support workers with a detailed knowledge of and long term relationship with each service user which was beyond that possessed by registered practitioners who they saw as having more fleeting contact. They felt that this knowledge of service users should command respect and be given voice in decision making equal to that of registered practitioners or managers who worked with service users much less. There could be tension when the participants' knowledge of service users ran up against the authority of registered practitioners or managers. In the quote below Jenna discusses a nurse who she feels spends more time on paperwork than working with service users. It refers to her lack of regard given to those practitioners who do not know "what's

going on” and the indignation and possible dire consequences of not being consulted:

“But at the end of the day, if you’re a part, if you’re out there, you’d know what’s going on. If you don’t know, ask me, and that’s one thing she doesn’t like to do; she doesn’t like to ask the HCA’s for their opinions, and I just think; you know, you just think ‘You’re handing over wrong things and the next day it’s going to go even worse because you’ve handed over the wrong information’”

The importance of building an understanding of service users grounded in an extensive knowledge of first hand experience will be discussed in section 5.3.3.

In summary then, participants understood capable performance as a support worker as founded in practical life experience, natural personal qualities including the use of self and their extensive knowledge of the service user. These themes will recur throughout this chapter but are discussed here to highlight the way in which the participants’ held an understanding of capable and valued practice in a way that was compatible both with a conception of care and with their entry level and “untrained” status. This understanding of support worker capability frames the way in which the three key components of practice discussed in the next section can be seen as work that was performed with dignity and self esteem. Furthermore, the emphasis on personal uniqueness in their references to the importance of personal life experience and natural ability to effective care provides an account of the nature of the subjective and situational reconstruction

of practice (see chapter two) in a way which is firmly located in the domain of caring practice. This theme will also be developed further in this chapter.

4.2. The components of practice

The three sub-sections in this section describe the three broad components of caring practice described by participants – development and wellbeing focused activities, relationship work and building an understanding of service users. The discussion establishes the characteristics of the participants' practice as a subjective and situational reconstruction.

4.2.1. Development and wellbeing-focused activities

Development and wellbeing focused activities were framed by the philosophical and policy-based drives aimed at building and maintaining independence described in chapter one. Mental health support workers subscribed to the importance of maintaining people in the community as recommended by the National Service Framework for Mental Health (DH, 1999) and the HCA in the district nursing service was in place as part of the increasing focus on providing services in the community (see Crinson, 2009). Participants in learning disability services were clearly influenced by both the normalisation philosophy (Nirje, 1980) and the Valuing People policy (Department of Health, 2001, 2008b) in their emphasis on enabling rights, choice, inclusion and lives as close as possible to the regular circumstances and ways of society. They supported people to take employment, participate in education or enjoy leisure activities. Accordingly, appendix five lists a number of participant capabilities associated with 'supporting development and wellbeing' such as planning and supporting participation in

activity or advocacy. Other capabilities refer to the challenges of supporting participation for this user group such as dealing with difficult behaviour.

Figure 2 summarises the aims of Development and Wellbeing Focused Activities.

It highlights the participants' provision of constructive or reconstructive support (Barnes 2006). Constructive support developed skills or valued social roles (for example, to live independently, to hold down a job, to be a friend to others).

Reconstructive support was focused on recovering skills or function lost through the effects of mental health problems such as caring for one's personal hygiene, appearance, maintaining a home as well as restoration of daily structure through different activities. Some activities were non-developmental in character such as providing transport, preparing meals, organising petty cash or feeding people with severe physical disabilities but participants framed these in terms of the developmental benefits for the service user.

Figure 2. Development and wellbeing aims

- Develop relationships.
- Engage in or develop skills for everyday activities such as sewing, music, gardening, cycling, clubbing or walking.
- Participate in education.
- Take paid or voluntary employment in areas such as shop work, gardening or baking.
- Carry out or develop skills in self maintenance. For example, shopping, cooking, personal grooming, cleaning or meal preparation.
- Building confidence.
- Regain and maintain mental health.
- Establish an understanding of social conventions. For example, appropriate dress, hygiene, behaviour around children and courtesies such as thanking or apologising.

- Enhance health through exercise, diet, awareness of health issues or a medication regime.
- Enabling healing or management of health conditions.

Analysis suggests that such activities demanded a range of support worker input:

- Teaching (e.g. how to cook).
- Accompanying the service user performing the activity and performing tasks beyond his or her abilities.
- Speaking on behalf of the service user, liaising with agencies or negotiating bureaucracy (for example, filling in forms or making appointments).
- Identifying and resolving problems.
- Personal care.
- Providing transport.
- Providing medical interventions.

With support incorporating constructive or reconstructive aims, support workers often worked in a developmental role. Appendix five refers to participant capabilities in developing the service users' understanding or skill. Much support involved guided participation. For example, Beth described herself structuring a shopping trip in which she guides performance without taking over:

"We know what we want to achieve and it goes into easy steps, achievable steps, for the client. If we are, for instance, going to make lasagne we would look at whether it's a vegetable or meat then we would say 'Right, we want meat lasagne, let's go to the meat counter. Where would we be looking?' and the client then chooses the meat and 'what other sauces would go with it? Do

we want other vegetables in with it?' [...] And when we go back I show them how to prepare the food and I step back and I observe how they are coping with handling the utensils, cleanliness and all the rest of it. So no, it's not a lot of me doing it, it's under direction."

The concept of the zone of proximal development (Vygotsky, 1934/1986) is a relevant conceptual framing for the way in which participants attempted to 'scaffold' service user abilities (see Simons and Klein, 2007) by assessing the service user's capabilities and gauging how much assistance to offer in order to extend their performance and develop their ability. Scaffolding appears in the participants' activities ranging from supporting cooking, workouts at the gym, work experience or house cleaning to mention a few. For example, Uja was observed running a gardening session with people with learning disabilities: *Uja begins by directing participants to different tasks – digging over a plot, pulling out weeds or watering plants. Uja works on different gardening tasks as well, speaking as he goes, explaining what he is doing and why. He asks service users questions about why they are doing certain things. For example, when repotting plants he asks 'why do you pinch out the top of shoots'?*

He asks Clive to dig up and weed a patch of ground. Over the next few hours, Uja repeatedly returns to Clive providing verbal encouragement. He then demonstrates a digging technique. Later Clive is having difficulties digging out a weed. Uja digs it out for him to demonstrate how it is done. Clive then continues digging. Uja also notices he is breathing heavily. He tells him to slow down:

“No rush. Nice to be chilled.” Towards the end of the gardening session, Uja begins forking over the plot that Clive has been digging up. He works quickly, pulling out the weeds Clive has missed.

In this excerpt, Clive was working on a task that he was *mostly* capable of performing. Uja made periodic informal assessments, intervening when performance fell short of what was needed to properly dig over and weed a garden. Uja’s interventions appear pedagogical - he offers verbal guidance and demonstrates techniques. He does not take over the digging work until the very end of the session when the job needed to be completed. Managing the allotment was an authentic activity in which certain tasks needed to be performed regardless of service user ability. Overall, Uja’s intervention can be termed contingent scaffolding – a strategy in which the competent other circulates around the participants, testing or gauging understanding, offering feedback or other instructional interventions (Simons and Klein, 2007). Uja also provided encouragement. Participants described a range of motivational techniques including presenting rewards, breaking tasks into easy steps, negotiation or persuasion.

Responding to the service user, past experience and personal style

In the previous section, the nature of developmental support was related to the policy context of support worker practice. The focus and direction of developmental support had also been defined by care plans which had been prepared by a team incorporating knowledge specialists (typically registered workers), the service user and their family and sometimes the support workers.

Participants operated within the parameters defined by these plans in that they supported service users to participate in the specified activities in order to meet particular goals. However, they described the actual doing of the work as an improvised act.

Participants argued that people work was unpredictable. Service users could change day-to-day, make surprising choices or reveal unexpected capabilities. Participants described the need to respond to situations as they emerged. This attentiveness and responsiveness resonates with Tronto's (1993) conception of care presented in chapter one and for participants, provided a rationale for the situational construction of practice.

Interactions with the service user were so visceral and personally demanding that they generated a dynamic that required nuanced responses that appeared specific to the two people involved. Beth, for example, describes the way in which this dynamic can emerge out of possibility of dire consequences and the satisfaction of making a connection:

"...people come to see him, used to come to see him and say, 'oh hello, how are you today? What have you been up to? How is your medication? Are you taking it, can I check it' and all this, and he said 'that used to get him really angry, and he used to swear at them and tell them to go, and shut the door, [...] I always do this, I go in with a pint of milk for this particular chap always, and I say to him 'got that kettle on yet, I've got the milk', and I don't have to say anything. I walk in and he goes and puts

the kettle on. That's the first thing, we have this and we just start talking, and I just don't ask him about his mental health or anything, cos you can assess it by actually spending time with him ..."

Beth's approach was shaped by the service user's preferences but also reflects what she terms her own style. This is a manner she is comfortable with and finds personally meaningful because it enables a connection with the service user.

Similarly, past experience created what Keating (2005) refers to as biographical resources which shaped the participants' approach to supporting the service users' development. For example, Ingrid connected her experience as a mother to her particular approach to inappropriate behaviour, Beth's structured approach to skills development was developed with her disabled son and Lisa, as an ex-teacher, used educational principles to plan her review meetings. The role of biographical resources in constructing practice is a feature of the exemplars below.

Box 1

Corinne

Corinne describes her practice as 'non-directive' and 'empowering'. She claims she takes a holistic approach by having conversations about life goals, housing, employment or training. Although she sees her approach as incongruent with the medical model-based orientation of her team, Corinne's approach represents continuity with her previous role as an assistant social worker and her aspirations

to be a social worker. Not only does she see her work as that of an 'unqualified social worker', but her part time studies have built her understanding of the values base of this group and guides her practice.

Zoe

When it comes to taking blood, patients often ask for Zoe. She hates getting injections or having blood taken and her own feelings attenuates her to her patients' discomfort:

"I try to be gentle if I can and I do tend to use the old-fashioned method more. For patients with difficult veins I won't go in willy-nilly I'll take time to find a vein, use a syringe and needle rather than the Vacutainers."

The two vignettes describe the way in which the participants' biographical resources shape the subjective reconstruction of practice discussed in chapter two. In Corinne's case, her studies and social work background imbued her with a set of values leading her to approach practice in a holistic and empowering fashion. Regarding Zoe, her personal discomfort with injections created a particular sensitivity and preferred technique when taking blood.

Values and judgements of appropriate behaviour

In Corinne's case (Box 1), her non-directive and empowering approach were a matter of values. Value-based decisions shaped understandings of appropriate behaviour which could also generate stereotyped expectations of what service users should do. For example, older men should not be expected to cook but

younger men should. Women want 'girly' sessions with talks about women's health and makeovers. Men like snooker. This expression of values could be very particular to the participant. Raj for example, explained that his approach to working with men reflects his understanding of the service user but more fundamentally, what is appropriate for adult men in an adult service. He enjoys telling dirty jokes:

"It's a man's thing, but you get to know that person, the person within a person, you get to the actual person inside. It's not the face, it's not the body shape, it's a person, and a lot of the guys here are dirty bastards. 'Cor, look at her'. They play up. They give me the eye glare. They love it, and I think that's one achievement. Again that's what I get out of it for being funny with them, for being jokey with them, tell them dirty jokes."

Howe (2009) describes social work as Janus-like. It looks both ways, representing individuals to society in order to meet their needs but also representing society to individuals by asserting that this is what is expected of them. So too in the participants' work. Freya explains that she teaches social skills because we all have to be "acceptable" in society:

Interviewer: *"How do they develop those social skills?"*

Freya: *"By going out and just generally learning how to behave in public, because it's something we all have to learn. If they're doing something that's not quite acceptable you have to actually be quite blunt and tell them."*

It is here that service user choice could be overridden by the participants' own set of values. Service users may be motivated, persuaded or rewarded for meeting the support worker's value-based judgments around matters such as what constitutes a 'cooked meal' (done from scratch not using convenience food, according to Beth), 'personal hygiene', good manners or a tidy room.

No participants were given a fully free hand to impose what they thought should be the appropriate activities for service users. They exerted enough of an influence to see themselves shaping the nature of the service users' activities but they also participated in team processes which demanded certain actions and approaches – actual practice with service users appeared to be negotiated between the individual support worker, the service user and the team. It was here that the differing values of team members could generate conflict and reflection. This will be discussed in depth in chapter five but at this point it is enough to acknowledge values as one of the bases of the subjective reconstruction of practice.

Personal satisfaction in caring practice

The previous section established that the subjective reconstruction of practice arises out of participant biographical resources, personal style and values. Furthermore, participants found aspects of the work satisfying. The pursuit of satisfactions shaped how they enacted their role. Figure 3 below lists what participants found satisfying about their work.

Figure 3. Satisfaction with support work

Satisfaction from seeing progression, development or change

- Seeing people progress by recovering from physical or mental health problems, becoming more independent, growing in happiness, or achieving a developmental goal such as improved hygiene.
- Expanding participation by discovering new interests, developing abilities or experiencing new activities.

Doing significant work

- Working with those with profound needs or who are challenging for a significant reason such as a mental health problem.

Personalisation

- Enabling service users to participate in personally enjoyable or meaningful activities.
- Building a personal understanding of the service user.
- Providing a personalised response to the service user.

Relationships

- Forming relationships with service users, enjoying their company; liking or having an interest in him or her.
- Evoking a response from a service user who may be very unresponsive.
- Being appreciated by service users (e.g. being thanked or missed when absent)
- Being chosen by service users above other team members.

Role structure

- Time moves quickly.
- Enjoying the activities the service users participate in such as gardening, cooking, going to the gym or eating out.
- The varied routine.
- Being assigned tasks that reflect one's skills or interests.

Team relations

- Fitting with the team.
- Having abilities, experience or insights into service users acknowledged by colleagues.
- Meeting new people or interacting with the wider team.
- Opportunity to act on ideas.

Personal development and personal capability

- Following a moral or religious code concerned with helping people.
- Opportunities to progress into more senior positions.
- Feeling intellectually stimulated, challenged or learning new things.
- Feeling trained and skilled for the job.

Some satisfactions attracted participants to the role in the first place. Other satisfactions led participants to shape the nature of their role. Participants would attempt to participate in activities they enjoyed or were connected to their personal interests. For example, the exercise enthusiast worked the gym sessions, the gardener ran the allotment or the clubber used her contacts and experience to organise a regular club night for service users. A comparison between the two vignettes below illustrates the connection between personal satisfaction and the construction or rejection of their work role.

Box 2

Maya

In her past roles, Maya had worked closely with people whose freedom had been curtailed by the Mental Health Act. Her satisfactions with her current work were expressed in terms strongly connected to the emancipation of recovery:

"I always like seeing people become more independent or achieve things for themselves. It's like seeing a caged bird fly away, if you like, really."

Maya feels dissatisfied with the lack of opportunities to form long term relationships with service users and see them become independent. However, she seeks other satisfactions. Having a background in leadership, Maya had approached her manager hoping that he would 'use' her particular skills for project or review work. She was assigned such work.

Annotating the profile developed for the fourth interview, Maya commented that such work:

"Also taps into my knowledge, skills and experience which is validating (I'm good at these things, also confident and keen) – often undermined as a SW – didn't realize this 'til I read this bit! Part of my reflective learning is reading this."

Jenna

Jenna reflects that the absence of children in her life and her enjoyment in nurturing the growth of others contributes to the satisfaction associated with the work. However, she had become frustrated with a service user unwilling to participate in any developmental activities:

“ . . . and that’s not what I want to be, it’s not what I want to be and I’m not doing my job if I’m doing that, but there is just no way I’ve tried everything, everything to get through to him.”

She discussed the intransigent service user with senior colleagues in the hope of establishing a strategy to motivate him to engage. She wanted to try an alternative approach to support his development but the team felt that their current approach was the best way forward. This service user, among a number of other factors, contributed to Jenna’s decision to resign.

Although making a contribution to service user lives, Maya was frustrated by the lack of scope to see long term development. Unable to change that aspect of her role, she lobbied management to pick up tasks connected to her personal satisfactions. In contrast, Jenna’s satisfactions were closely connected to service user development. This was not unusual among the participants but the subjective meaning of this satisfaction was specific to her history as being without children. Her efforts were focused on reconstructing her practice and that of her colleagues to once again secure these satisfactions. However, she was limited in what she could achieve making her position untenable in the current situation.

Health enhancement

Participants across all organisations addressed health issues. Some tasks were relatively minor (administering medication or application of ointment) while others, like managing seizures, if performed incorrectly could result in death. Such tasks could also be rather broad extending into supporting weight loss, promoting exercise to develop fitness or muscle tone, healthy eating or smoking cessation. Zoe's work as a HCA was particularly concerned with health-related work such as applying dressings and eye drops, conducting bladder washouts and taking blood samples, blood pressure or electrocardiography. Unlike many social care activities, health care tasks had to be conducted according to precise protocols. What scope was there for subjective or situational reconstruction?

To take Zoe as an example, she followed the procedures precisely but imposed upon them her own style. She rejected the more business-like approach of other HCAs in favour of a friendly and chatty approach. Furthermore, she associated her work with satisfactions greater than the performance of the nursing task. Bandaging a leg ulcer, for example, was not just seen as wound healing but something interpreted as enabling a person to go on holiday or have a greater enjoyment of life. The protocol-based nature of her practice was surrounded by a subjective interpretation particular to her.

In terms of situational reconstruction, Zoe's performance of tasks was closely connected to the assessments and directives made by doctors and nurses. Even so, Zoe's practice included room for improvised action in response to patient

characteristics. Getting to know her patients, she would mould her approach around their personal needs and qualities. For example, she emphasised care and confidence for nervous patients or approached aggressive people with a quiet and minimal tone. Without such responsiveness, Zoe would not be able to achieve the goals of her work.

Conclusion to section

In conclusion then, support workers were engaged in development and wellbeing-focused activities. Although acknowledging the impact of policy and team-based influences, practice was situationally reconstructed on the basis of service user characteristics and needs. It was also subjectively reconstructed reflecting the participants' biographical resources, personal style, values, personal satisfactions and interpretations. This theme will continue to be explored in relation to the second component of practice – relationship work.

4.2.2. Relationship Work

Howe (2009) argues that caring work, with its roots in humanistic and religious traditions often foregrounds the creation of warm, empathic relationships. Both social work (Howe, 2009) and nursing (Peplau, 1988) have particular models that make relationship development a focus of practice. It is by getting to know service users as a person and relating to them on an emotional level that care workers understand their needs and can respond accordingly (Cameron and Boddy, 2006). Appendix five indicates that participants identified capabilities in relationship formation including empathy, rapport and communication as fundamental to their role. As discussed earlier, the participants' satisfaction with

support work included the opportunity to form relationships with service users. This theme has been identified in research elsewhere (Ryan et al., 2004). The box below illustrates the importance of relationship work.

Box 3

Grace

Grace found that a key part of settling into her new job was getting to know the service users. She felt that she had found her place when the service users started to warm to her - approaching her with issues, giving her hugs, requesting help with personal care and telling her she was missed when absent. As her relationships developed, she felt she could drop the “perfect manners” and started being herself. A trusting relationship was necessary for her work:

“One of the guys ... he just out of the blue came out a few weeks ago with ‘I want to get a job this year’ ... its only through developing a relationship and building someone’s confidence in you that they’ll come out, you know, tell you what they want.”

Zoe

Zoe recognises that often her patients are lonely. She may be the only person they see all week. When she first starts working with a patient she allocates more time for the visit so she can get to know them. She is careful to convey confidence in her abilities so that patients trust her competence. Zoe tries to project a sociable presence and admires practitioners who have rapport with their patients *“can’t go in all sullen – be cheery – not too overpowering, but you’ve got to be there.”*

Some patients look forward to her visit and even ask her to visit socially. She is

careful not to make the relationship too personal and never takes up these offers. She says that like her Mother, she is very private. She holds personal information back and tries not to get too close.

For Grace, forming a relationship is necessary to performing her role effectively. As other participants found, performing intimate tasks, supporting people to address challenges, make choices or encouraging them to share confidences required relationship work. Zoe's relationships do not have the hugging or confidence-sharing of Grace's relationships. However, she sees the intimacy of her work as requiring the foundation of a trusting relationship. For social care workers in particular, without a relationship, very little progress could be made, as Maya explained in her account of a difficult and unsuccessful afternoon supporting someone distressed about a recent life event:

"I tried to do my best, but at the end of the day sometimes it is about the subtlety about having an ongoing relationship with somebody, and wanting to share, you know, the good, the bad and the ugly, with a person. It's not about the practical issues; it's about actually how I feel."

Like Grace, some participants considered the nature of their relationship an indicator of successful working. When providing care, it may take many years to see 'outcomes' in terms of recovery or development. However, a clear indicator of success was the quality of relationship. Eye contact, receiving confidences, being sought after to provide personal care, successfully exerting influence,

receiving hugs or an enthusiastic hello were all read as a measure of success. As Uja explained:

"I take a lot of if service-users want to be with me then I take it that I must be doing something correctly because they're happy in my company, and they feel relaxed in my company."

Both Grace and Zoe's accounts convey the relationships' warmth. Participants referred to relationships in physically embodied emotional terms ('warmth', 'liking', 'connection'). Participants often used the term rapport with its implications of shared understanding and mutual responsiveness. Observations of Jenna's practice for example, highlight the character of these dynamics.

Box 4

In this observation, Jenna was eating breakfast with the residents.

8.50

Janet tells Jenna she has washed her hair. Jenna says it's lovely. They exchange a joke. Then Janet begins to tell a story and then stops talking and looks confused as if her train of thought has been lost. "Take your time Janet", says Jenna. The other residents stop talking and watch Janet as she finishes her story.

8.55

Jenna examines a resident's arm as she talks to her. Jenna says the rash has cleared up and calls her 'babes'. Looks pleased.

Resident says that Jenna is "... sad when I'm sad. She'll praise me when I'm doing well."

9.03

Resident teases PJ about doing her laundry. Jenna replies 'Get lost' in a joking way.

9.06

Resident mentions a relative's birthday. Jenna reminds her to get a card.

Jenna yawns. Says she's tired. Explains that she got in late because she was in Darwen picking up a piece of furniture.

Jenna's relationships were informal, affectionate and affirming. They were characterised by joking, bantering, praise and mutual self disclosure. There is continuity in the relationship reflected in Jenna noting that interest that a rash has cleared and the reminder to buy a card shows interest in the resident's life.

Residents are attended to individually. The resident's description of Jenna being 'sad when I am sad' implies empathy.

Empathy and rapport were not ends in themselves. They have instrumentalist elements that involve capturing the service user's perspectives to inform joint decision making (Norfolk et al., 2009). The participants' accounts of 'getting to know someone' elided relationship building and gaining knowledge of the service user:

“If you’re building a relationship between you – between me and the service user or the group of service users like in everyday life you just, the more time you spend with someone, the more you get to know them, what makes them tick, what they enjoy, what you think they could be good at – what they think they could be good at, the sort of people they like spending time with, I think it’s just building a whole character and then hopefully coming out with a few ideas that they could pursue.” (Grace)

As other participants have commented, the quality of the relationship shapes the extent to which they can build an understanding of the service user. In turn, understanding the service user enables the deepening of the relationship. This process takes time and needed to be accommodated by workload management:

“I’m quite happy with 6 months, 6 to 12 months if necessary and some of that is visiting every 2 weeks – and not doing anything for the first 3 or 4 visits cos you’re building that relationship or the person won’t tolerate you in the house for more than 10 minutes at a time, because of their particular challenges.” (Manager for Lisa and Maya)

One reason time was needed was to develop ‘chemistry’ or a connection. This returns the discussion to the way in which relationship work was a subjective and situational reconstruction.

Chemistry

Participants made recurring references to relationship chemistry arising out of the combination of their personal characteristics and those of the service users. For example, a motherly support worker and the service user needing nurturance, guidance or discipline (Ingrid), politically incorrect banter and a smutty sense of humour (Raj), or a macho guy working with a macho guy (Uja). Grace admiringly aspires to be like workers such as Mai, with 25 years experience interacting with services through a dynamic that is simply unattainable to her because of who she is:

“The service users see her quite differently to a lot of the other support workers. I can’t really put my finger on what it is but I definitely think she is viewed differently because she has just known some of them for such a long time she has got a different relationship with lots of them [...] she really commands that respect that only comes through time. And I think really even though lots of people have worked here a long time, she, I don’t know, it is obviously to do with her personality ... they are a lot different when she is around ...”

The combination of people in the dyad was seen as generating a dynamic unique to the relationship. Grace’s allusion to the respect Mai commands resonates with other accounts of the way in which relationship chemistry enables some workers to make progress with service users where others can not.

Uja, for example:

“Someone might try something for 15 years and not be able to do it. Somebody else will walk through the door, try it and it works, and sometimes I see other people able to do that when I can’t, and then you just have to step back and let that person run with it for a while.”

Similarly, participants described the way that those with chemistry were able to unlock insights into their service users that were otherwise inaccessible to those without such relationships. Time was a factor in these insights. Working with people over a number of years and building up an understanding of their needs, the patterns of change and the recurring issues, provided them with insights that those with more short term involvements lacked.

Presencing and the use of self

Participants described the way in which they engaged in an intentional use of self’ (see Howe, 2009, Wosket, 1999) in their relationship work. Relationship work was seen as an embodied practice, embedded in the workers’ sense of self – specific personality characteristics, their age, gender or enthusiasms for certain activities. Participants describe this bringing of themselves in terms suggesting that this is the essence of caring – of being authentically present to the other and not ‘going through the motions.’ Being present is what contributes to the chemistry in the relationship with service users. Practitioners emphasised ‘being me’, doing what comes naturally and exploiting these personal characteristics.

Benner (1984) used the term 'presencing' to describe the way that practitioners used themselves within the relationship so that the person feels cared for.

Kwiatek et al. (2005) suggests that reflexivity can also be part of this process.

Practitioners adapted their approach to different service users. Agnes, for example, used jokes and banter to motivate some service users but recognised that others needed a more authoritarian approach. Mindful presencing involved projecting specific personal characteristics while suppressing others, as was the case with Zoe described in the box below.

Box 5

Zoe describes her approach as cheerful and chatty but adapts her style to different users. Encountering an overbearing older male similar to her Father, she adopts a quiet and submissive role reminiscent of her Mother's approach. 'Difficult patients' are discussed at staff meetings priming Zoe for the approach she needs to take:

"... some patients can be challenging and they can be quite difficult. So you go in with a very calm; just very nice; and you don't upset them; don't be aggressive; don't be challenging. I suppose it can be seen as a game plan, but you're just forewarned. You go in and you know that Mr. X is going to be difficult, so you just go in with a very calm attitude and then you can win them over you see; well I can."

Zoe's reflexive presencing is presented as a process that is not a pre-planned contrivance but an improvised act - a situational reconstruction. However, it is

not simply worked out in the moment by pretending to have certain characteristics. It is linked to her family experience (her own biographical resources) but also the insights gathered in team meetings.

Relationships and teams

The preceding discussion suggests that the relationship is a context that contributes to the worker's agency. Practitioners saw relationship chemistry and rapport as providing extra leverage in their communication, influence and opportunity to provide support. The way in which some practitioners had rapport where others did not was a matter for team discussion and legitimised by managers. Services would incorporate practitioner-user rapport as one factor in organising the roster. Beth, for example, describes how her rapport with a service user determined her allocation to deal with a difficult situation:

"He was sectioned and they rang up and said 'is there anybody in the team that's got a good rapport with him that can come and persuade him to get in the ambulance before we call the police', so I was asked to go then ..."

In Deb's service, workers could legitimately decline work with some service users because they lacked a relationship. This could generate tension. Debs recounts a conversation with her manager:

"... [the manager said] 'some people might say 'oh well I don't know that person, so I'm not going', and I said to him 'well personally I feel that it's your job as a manager to say 'well you won't know them unless you get to know them, so go and knock

on their door', and it's like just do it because it will just make things so much better, and it's always this stalling. They just don't listen."

The tension here reflects the way that team members needed to operate interchangeably so that a roster of practitioners could be assigned to a service user. At the same time, relationship chemistry and the participants' reports of having favourites or persisting attachments could sit uncomfortably with professional boundaries. As appendix five suggests, the ability to manage relationships and their boundaries was important. Participants asserted that these were not friendships but relationships where practitioners had a duty of care as well as a responsibility to curtail intimacy and connection. Just as participants knew they should be friendly but not friends, they should also be interested in the user but disinterested at the same time.

While the use of self was accepted, it sat awkwardly within a service where practice should be non-partisan. Yet, partisanship ran through many of the interviews. White service users had problems working with black practitioners. Muslim women only wanted to see other women. Macho or aggressive service users may respond best to men:

"... I did say to the women who were working here 'I don't mean this in a sexist way, you're all looking at it from a female point of view and he's seeing you as a female. I'm a guy, I'm a fairly big guy, he's not going to try some of the things that he's going to try with you' ... what I saw there was a guy who was trying to

be a macho guy surrounded by 3 women who were all working at different sort of womanly angles, so I sort of put on a bit of a stereotypical male role, and that took me out of my normal working practice, but that seems to work. "

So, if relationship work contributed to the participants' construction of their value to the team it was also used to position themselves within the hierarchy as offering value unattainable to other members of the team.

Conclusion to section

Support workers achieve their aims by building and working through relationships. In particular, a warm and trusting relationship facilitates the performance of intimate tasks. Empathy and rapport facilitates building an understanding of service users. The significance of relationship quality is reflected in the way that participants saw them as a measure of success. As in the previous section, the situational reconstruction of caring practice is reflected in the notion of chemistry as arising out of the confluence of service user and participant characteristics. The subjective reconstruction of practice arises out of the participants' reflexive use of self – the intentional suppression or extension of certain personal characteristics or stylistic approaches into the encounter to achieve particular ends. The subjective and situational reconstruction of practice led participants to emphasise the unique characteristics of their relationships. Relationship quality was both legitimised by managerial decisions but could also be a source of tension.

4.2.3. Building an understanding of service users

The need to understand service users was central to the participants' practice. The breadth of capabilities listed in appendix five under 'building understanding' suggests that understanding service users incorporated a wide range of knowledge areas. The two exemplar vignettes below were chosen to illustrate contrasting approaches to understanding service users.

Box 6

Zoe

Zoe visits service users in their own homes to perform particular medical procedures. To perform whatever task she has been assigned, she stresses the need to understand and adapt to the service user. In terms of the procedures she performs, she is careful to watch for situations when her interventions do not have the desired effect – for example, when a wound does not heal - in which case she reports back to the nurse for further guidance.

She also has to adapt to the way in which some service users may be aggressive, rude, critical or inclined to lay formal complaints over incidents as minor as ringing the doorbell twice. This behaviour can stop her from doing her job. She describes herself making sense of why people are the way they are by placing their behaviour in context. Possibly, their behaviour is a result of being unwell, distressed or frightened. There may be a matter relating to how older men of a certain generation treat women. The person may be lonely or for those who are very ill, even want to die. Making sense of people's behaviour makes it easier to cope with and change the way she responds to the service user.

Jenna

Jenna tries to understand how her service users see the world – an understanding gathered from extensive contact with him or her, discussions with staff and reading records. She tries to get to know service users in order to understand their goals, their strengths and limitations and the issues that may be bothering them. This is knowledge she uses to provide them with the most appropriate support and to establish an empathic relationship. She understands the service user in terms of their history, the future and environment and this helps her understand the person and their needs. For example, is Shirley's agitation on the morning of her Mother's visit related to her past family conflicts? Is it anxiety about an impending move to supported housing? Is it upset about a friend who is leaving the home?

Zoe not only needs to understand when her medical interventions are not having the desired effect but in order to perform the procedure at all, she also needs to comprehend, adapt to and manage the service user's behaviour. This understanding incorporates an understanding of conditions such as dementia, empathic awareness of how it must feel in the service user's situation as well as broader assumptions about the behaviour of groups such as older men. Like Zoe, Jenna also needs to understand the service user's behaviour but takes an even wider perspective incorporating a knowledge of the service user's history, goals, future and anything going on their life which may be having an impact on them. Unlike Zoe, these are not background matters, but are issues she needs to be

aware of when supporting the service user. After all, supporting Shirley through a visit from her Mother may involve understanding the reason for her agitation.

Both Zoe and Jenna stressed their understanding of particular service users. The nature of the participants' knowledge base was described in contradictory terms. Certainly, some participants had taken part in courses or had carried out internet research into topics such as the nature of dementia or autism. However, participants related to such knowledge in different ways. First, some appeared to hold a generalised understanding of issues such as diagnostic labels or conditions. Second, others understood such matters in terms specific to the service user. For example, although Ingrid had attended training in personality disorder she explained that she did not know all the characteristics of the condition. However, she did understand and could respond appropriately to her service user's behaviours as reflections of this condition.

But what underpinned most attitudes to knowing the service user was that although generalisable or nomothetical knowledge of symptoms or syndromes had its place; it was considerably less important than knowing the person. This approach was often associated with a rejection or bracketing off of the service user's diagnostic label. As Uja explained:

"I think if somebody's diagnosed with a syndrome or an issue – then I like to take on board everything I need to know about that syndrome – but I don't necessarily want to look at your label all the time – I want to see what skills you have within that thing - if you look at something like autism – it is such a huge scope of

disabilities – if you looked at everybody with autism through the same eyes – it would be frightening and I think some people do but and sometimes you find yourself drifting into that, I try to remind myself its people I'm dealing with ...”

With an understanding of service users focusing on the individual and their particular issues, the participants' knowledge could appear uncertain and tenuous due to the complexity and unpredictability of human lives. It was a volatile kind of knowledge. Service users, their needs or issues could change rapidly. A friendly and agreeable service user one day, could be hallucinating or aggressive the next. Changes may even occur moment-to-moment. For example, one of Beth's service users could suddenly tire of a conversation and tell her to “*fuck off*”, a message conveying the awkwardness of not connecting with service users. So, understanding service users demanded that practitioners remain open to understanding how the individual presents in the moment.

With knowledge of service users so mutable, the capacity to build an understanding, as suggested in appendix five, was necessary. However, building an understanding of service users could be difficult. Some service users resisted communication or contact. Others were aggressive. Disabilities, mental health problems or ill health made communication difficult or indirect, leading Uja to refer to “*insights that you've picked in a fleeting moment*”. Freya also described the ‘fleeting moments’ in her work with people with severe learning and physical disabilities who lacked verbal ability:

“You have to look out for a blink of an eye sometimes to get the idea of what it is that person wants because they can’t talk to you.”

As such, understanding a service user involved more than verbal communication but multiple methods. This will be discussed next.

Knowledge and action

Acting and understanding were intertwined. Figure 4 below outlines the methods used by participants to build understanding.

Figure 4. Methods used to build an understanding of service users

- | | |
|--|--|
| • Engaging in shared activity and observing response. | • Relating current situation to previous experience. |
| • Conversation with the service user. | • Trying different approaches and observing the outcome. |
| • Trusting hunches and ‘gut feelings’. | • Reading case notes. |
| • Sharing and making sense of information with colleagues. | |

In particular, participants emphasised the way in which understanding emerged out of shared activity. They reported the following methods:

- As the service user interacts with the world, the participant is able to observe their interests, needs, capabilities or preferences.
- Placing the service user in new situations may lead to different views of the user. Users may be compelled to participate in activities they have no interest

in because 'taking away choice' expands choice. New experiences may shift service users out of past habits and develop new preferences. New experiences stimulate conversations about topics outside of normal routines generating new insights.

- Activity generates information on actual behaviour rather than staff speculation or difference of opinion. A 'try it and see' approach.
- Service user activities may be showcased and shared widely within the service or with family through photos, display of the products of activity (e.g. a table that has been assembled) or public performance of a play, an open house or fete. As such, insights into service users may be shared more widely.

As worker and service user shared activity together, practitioners and service users talk. Participants describe the conversation "flowing naturally" out of the activity. The following example taken from an observation of Debs driving Norman, an older man with a learning disability to the supermarket demonstrates the nature of practitioner-service user talk.

Debs tells Norman she's going to see Jake [another service user] on the weekend. Asks if Pete wants to see him too [later Debs explains that Norman needs to make more friends]. "If we pick you up, go and see Jake we could go on and have a few drinks." Norman does not respond.

Debs tells Norman that tonight she's going for a few drinks with a friend. Norman does not respond.

Norman asks Deb what Michael is doing. Debs says she doesn't know. Tells him a story about how Michael was to be picked up by another company at 9.00. They didn't get him until 5 that afternoon.

Debs says Michael snores so loudly that he keeps the others awake.

Norman says he has an appointment for the dentist. Debs asks if he has the letter. Says she will go with him and reminds him of a Doctor that was rude to him. Debs tells him that she has pointed this doctor out to a new worker so that he does not get him again. Norman says the Doctor nagged him. Debs says that she has talked to a colleague about it and that there will be no more nagging.

Debs points out a shop selling home cinema equipment. "You could open a cinema at your house and sell popcorn". Norman chuckles. [Debs later explains that Norman loves the cinema and the talk about opening his own theatre is a piece of banter that started with a previous worker and has continued in her conversations with him].

Drives past a housing development near the train station. "Could you live there?"

They arrive at the supermarket. Debs asks "where shall I park?"

This segment demonstrates the nature of support worker-user talk. Like observations of, or accounts from other participants, it has an informal quality drawing together bantering, anecdotes and sharing of interests which constitute

relationship formation. It responds to the moment – driving past a home cinema shop or a housing development sparked a conversation, for example, an effect other participants argue catalyses new understandings. However, intertwined with this discussion are serious concerns – an unpleasant encounter with a Doctor is raised with Debs describing what she has done about it. A discussion about a dentist's appointment allows Debs to reinforce her plans for a future activity. Debs suggests a future activity to support Norman's developmental goal of making more friends.

Similar discussions with service users were observed or discussed with other participants. The account of Debs' process includes elements partly driven by chance such as driving past a home cinema shop, but participants also stressed the use of deliberate conversational strategies. For example, interviews with Agnes and Beth around their response to different service users considering suicide identified the use of a very similar approach to assessing suicidal intent. Beth also asks service users to 'teach' her so she could understand their approach to certain activities. Lisa would use a strategy of mutual disclosure ('I'll share something about me, if you share something about you') as a warm up to information gathering.

As informal as these conversations appear, they are not purposeless. They take place within a relationship context with a specific purpose and an organisational context defining the focus of the practitioners' role. Just as Debs' conversation involved feeding back on challenges and making plans with the service user, other conversations were concerned with serious matters – assessing mental health,

medication use, suicidal intent or ensuring a house move had been successful were all topics of conversation conducted over coffee, while driving to the shops or going for a walk.

Before moving on, one more point needs to be noted. The participants' understanding of their service users also drew on case notes and collegial conversations. For example, Agnes describes the insights available from handover meetings that helped her deal with the unpredictability of practice:

“Well if there is a problem with somebody tomorrow I might have that person. That person might present totally different, but at least you're aware from the day before that there was this problem that may not exist the next day, but at least you're aware and it tells you a lot about the person.”

Observations and discussions suggested that this was less a matter of sharing factual information than talking through and collectively interpreting what might be happening for a service user. Discussions of the place of the team in building understanding will be discussed in chapter five.

Facilitating choice

Participants saw their work as person-centred and were wary of making choices for their service users. Building an understanding of service users was closely connected to enabling them to make choices. As discussed in the 'Development and wellbeing-focused activities' section, choice became a particular emphasis in learning disability services in the wake of the Valuing People strategy (DH,

2001). The health sector also promoted ideas of choice and empowerment in documents such as *Our Health, Our Care, Our Say: A New Direction for Community Services* (DH, 2006a).

Choice making was also seen as connected to enabling development. As Corinne explained:

“... my remit is more assessing their social care needs; being able to negotiate with them to do more things, to empower them actually, empowering them, getting them to take the lead, i.e. employment, education, recreational activities, and sometimes when they have passion for certain things we can actually exploit further where they can take up those kind of skills again ...”

Despite the rhetoric of service user choice and empowerment, participants described particular tensions and ambiguities around its enactment in practice. Individual choices were balanced with collective goals and organisational constraints. Not all choices were possible. Workers negotiated with service users to put aside their choices in favour of other concerns. Some used distraction or postponing techniques to manage choices that could not be accommodated.

There was another balancing act to be managed as well. Participants would feed suggestions to service users based on their own sense of what may be valued. As Uja explained in his discussion of gardening work:

“Or if I moved onto another job – the next person who comes along – just might, probably would think very differently from me

*– they would then label that person as he loves digging,
therefore he digs – and I do have another guy, who's a lot older,
and he does dig, and he loves digging, and he'd dig all day long
– the fact is, give him something else to do – and he also loves
doing that ”*

Furthermore, service user choice may be over ridden by the practitioner's reading of what would be best for him or her. As one service manager put it, *“taking away choice to give them more choice”* – a new experience may enhance their knowledge of what the service user could do and like. In practice such choice making may involve negotiation, persuasion and insistence. This in itself involves knowledge of the service user so that even new activities include enough familiarity or support to be a comfortable experience.

Conclusion to section

Participants emphasised the importance of developing an in-depth understanding of their service users. Although participant accounts included understandings gained through training, team discussions, reading case notes, they stressed their personalised understandings of service users. This was an understanding that was more idiographic than nomothetical and based on frequent shared activity and conversation with the service user. Having close personal and extended contact was particularly important given the unpredictable and constantly changing nature and challenging communication patterns of the service user. This was knowledge that was not fixed but constantly evolving. Understanding the service user was particularly important for supporting service user choice though decisions could

be influenced by the practitioners' values, preferences and service-level constraints.

4.3. Gut feeling, instinct and intuition

So far references have been made to a range of knowledge sources which guided practice – team discussions, training, service user records, advice from subject specialists, the directives contained in care plans. Such knowledge played a role in the participants' understandings of service users and will be returned to in chapter five. This section examines one final dimension of the participants' subjective reconstruction of practice and links this to the participants' account of the foundations of capability as discussed in section 4.2 (practical experience, natural ability and knowledge of the service user). This last section more closely examines the nature of the understandings which guided participants.

Participants often referred to working out of instinct, intuition or gut feelings. For example, Wendy described her first days on the job as guided by intuition:

"Instinct; I don't know. You just, it just came to you really."

References to intuition are not uncommon in literature on practice in health and social care (Fish and Coles, 2000). Participants referred to intuition in different ways. Some considered intuition a reflection of in-born caring qualities. Reading body language, knowing how to talk a problem through with someone, building a relationship, adapting to different service users or guiding someone through a task were presented by participants as drawing from capabilities or knowledge that

‘came naturally’. As Lisa explained when she was asked about her work in problem solving:

“... for me it was like natural that you will know. You have a problem, you know, just now analysed and need to do some action, and where to go and how to sort it out ... we are doing it everyday so no problem. We only don’t call it like that problem, but every task you need to sort out.”

So for example, the support workers’ accounts that they were acting naturally reflect the way that their activities were often familiar day-to-day tasks of everyday life such as gardening, cooking, going for a coffee or shopping. For example, Debs’ conversation with Norman closely follows the conventions of everyday interaction in its use of turn taking, personal disclosure, questioning, exchanging information about recent events and bantering. Although Debs was also gathering data to guide her work with Norman, she was not using a contrived procedure such as a particular standardised assessment method. As Kontos and Naglie (2009) argue in their invocation of Bourdieu’s notion of habitus, behaviours such as talking problems through or small talk reflect embodied social and cultural norms and as such are taken-for-granted or pre-reflective actions. As with other matters of habitus which guarantee appropriateness and constancy without any conscious reference to a norm, this type of behaviour occurs without explicit co-ordination.

Similarly, much of the relationship building work with its demands for moment-by-moment adjustment to the other or reading of non-verbal behaviour was

considered a matter of acting out of instinct. Freya dismissively described her skill in reading body language:

“Yeah, you do need to be able to read body language to a degree. It's not a thing that we're taught, but it's just a thing that we pick up on, and yeah, body language is an important part of life isn't it?”

For practitioners in health and social care, such activities rely on non-semantic or implicitly expressed meanings. Participants drew from the information bodies directly convey – a generative grammar of bodily behaviour: facial expressions, eye movements, voice tone and posture (Kontos and Naglie, 2009). Those doing relationship work or closely reading non-verbal behaviour are working with material that is subtly, rapidly and unconsciously communicated and interpreted (Ambady and Rosenthal 1998). Thus, in the participants' accounts they described themselves working from instinct.

Furthermore, reports of instinct could also relate to Polyani's (1966) description of tacit knowledge. This is not to say that the emphasis on tacit knowledge reflects the participants' lack of extensive formal training. After all, as Benner (1984) in her studies of nursing knowledge suggests, much practice knowledge is tacit and embodied incorporating what the body knows to do without deliberation or forethought. Eraut's (2004c) analysis of instant/reflex, rapid/intuitive and deliberative/analytic modes of workplace performance is also helpful to characterise this dimension of practitioner capability. His suggestion is that the conditions and constraints on the performer, what the performer has learned to do,

with or without stopping to think and the time available will determine the nature of practice. Practitioners presented accounts of instant/reflex or rapid/intuitive action. They described improvising while in action to meet the demands of a situation that required a rapid response – for example, responding to a person who suddenly starts having a seizure while hanging in a hoist, supporting several people in a gardening session or responding to an outburst of anger or physical aggression. In the quote below, Agnes found one of her service users after he had committed suicide. She describes herself acting with little deliberation and “going into overdrive”:

“... you find somebody you're not you anymore, you've gone beyond, you're somebody else who just seems to come along and take over. [...] You forget that you've got your feelings and you forget about that and everything but it's just something that just seems to come and take over you and you get in there and you do this.”

Reflecting on this situation, Agnes describes herself trusting her intuitions in the crisis out of her sense of herself as an experienced worker – one who has worked in the field for 13 years, who has dealt with similar situations, has attended training, has observed others at work and discussed such situations with them. For Agnes like other participants operating out of reflex and intuition, their capability in such situations is an expression of her particular history and sense of herself.

4.3.1. Reflective and empathic practice

This is not to say that intuition and gut feeling were the only modes of operation. Participants described what Eraut (2004c) referred to as deliberative and analytical modes of working – deducing or interpreting what may be happening by putting together different things they know about the service user with what they have learnt from case notes or conversations with colleagues. Gut feelings were regarded as an important source of understanding but only one of many. Beth for example, describes her assessment of risk as based on a range of data sources:

“It is feelings, you can ... when you open the door and you’re looking at the person as soon as you see that person it might be that they’re not dressed properly, their facial expression, it may be that they’re shouting at you. Maybe that they’re very quiet. It is body language. It’s everything.”

Empathy as ‘putting myself in their shoes’ or ‘seeing things from their perspective’ was prominent in participant accounts. This empathy appeared intertwined with the participants’ relationships with service users in that they knew them well enough to imagine the world from their perspective. Empathy was incorporated into a reflective act when participants reviewed the outcomes of their actions by trying to take the service user’s perspective. This ‘reflective empathy’ was also used prospectively to plan. Lisa, for example, plans her cooking lessons by thinking the session through from the service user’s perspective and considering *“what these people can do, or what kind of*

difficulties they have” and then imagining the situation from the service user’s perspective and deciding to create a picture book of recipes:

*“and I tried to be in his body and say, ‘look never cooked before,
can’t read, can’t write so if you’ll give him even ready food
doesn’t know what to do, so hopefully picture can help him ...”.*

Even though participants knew their service users well, their empathy was an imaginative act. At times, empathic acts did not appear to take the service user’s perspective at all. Empathy remained firmly rooted in the participants’ world view as he or she imagined what it would be like if they were in the service user’s situation. Corinne expressed this well in her description of empathy:

*“Put yourself in that person’s shoes. Sometimes I’m at home I
don’t want to see visitors, guests coming to see me. Sometimes I
don’t want to answer the phone. Sometimes I just want to stay in
my pyjamas all day and not go out, just watch television, and our
clients do feel the same sometimes.”*

Corinne’s understands her service user’s behaviour in terms of how she experiences the world – the need for a quiet day is clearly her preference and she makes no reference to the particular circumstances of an adult with mental health problems which may include a lack of motivation associated with the condition. She is demonstrating an empathy that is grounded in her own subjectivities.

4.3.2. Conclusion to section

Participant accounts stress acting out of intuition or acting naturally. These accounts of practice were related to their engagement in familiar everyday tasks, the non-verbal elements of people work, the habitus of social convention and tacit knowledge. They also describe the use of empathy to guide their actions and reflection though at times, such acts appeared to be based on their imaginings of how they would feel in the service user's position rather than a knowledge based on the service user's world view.

4.4. Conclusion

This chapter addressed research question one: what is the nature of the support worker role and practice? In doing so, it raises a number of questions regarding practice-based learning for caring practice that will be addressed in subsequent chapters.

First, participants established a sense of the value and esteem of their role through a particular conception of capability which served as an alternative to the normative ideal of the "trained" and "professional" registered practitioner. They considered themselves doing important work. In their accounts of capable performance, participants emphasised the three foundations of practical experience, natural ability and a detailed knowledge of service users. Section 4.3 argued that the participants' description of instinct with its links to natural ability reflects a role that incorporates everyday activities and interpersonal interactions such as reading body language.

The three foundations of capability raises questions for effective practice and learning. Does the reliance on practical experience and natural ability leave service users vulnerable to the limitations of the support workers' experience? For example, if mothering is considered appropriate experience for practitioners, how are service users to be protected from the authoritarian or disciplinarian elements of parenting? What role then do particular learning experiences play in shaping practice which may be inappropriate? Given that co-participation implies that individual construal will shape engagement in participatory opportunities (Billett, 2004), how do the three foundations orient practitioners to learning opportunities in the workplace? Are non-experiential modes of learning rejected? In chapter five, these points will be considered when the range of participatory opportunities that give rise to learning will be discussed.

Also, participants considered the three foundations as valid sources of capability and esteem. Given that the normative ideal of the trained professional is so well established, how is the participants' sense of capability regarded? To return to Honneth's (1995) conception of self esteem and self realisation through recognition, how are these qualities recognised within the participants' workplace? This question will be picked up in chapter six.

Second, three categories of caring practice were presented – supporting development and wellbeing, developing relationships and building an understanding of the service user. A recurring theme in these accounts was that practice is a subjective and situational reconstruction. In the discussion of development and wellbeing-focused activities, the participants' past experience,

personal style, values and personal satisfactions were shown to influence the character of the service user's activities. The worker's satisfactions also shaped the construction of their role. In the discussion of relationship work, the accounts of 'chemistry' and the 'use of self' are further examples of the subjective and situational reconstruction of practice. The support workers' understanding of service users was built out of organisational resources (courses, team discussions, service user records) but was also evolving, unstable and reflecting the nature of the activities and relationships with service users.

This finding is not incongruent with other accounts of practice. As chapter two argued, any social practice must be understood in "*terms that include participants' interests, identities and subjectivities and their active role in the workplace's construal, construction and remaking.*" (Billett, 2008, p. 17). This chapter adds an extra dimension to this assertion by demonstrating that the subjective and situational reconstruction of practice has a specific meaning reflecting the context of care giving as defined by participants and as discussed in chapter two as a personally tailored activity with regards to the attentiveness, competence, responsibility and responsiveness that make up an ethic of care (Tronto, 1993). As such, the subjective and situational reconstruction of practice can be understood as something which is framed by the logics of care work and is congruent with an account of practice not as a unitary social object but as a composite of individual approaches to an activity (Barnes, 2001).

The way in which practice is a subjective and situational reconstruction implies that learning is not simply a socially reproductive act operating in line with a

strictly defined regime of competence. If the personal reconstruction of practice is so important to effective care, what is the nature of practice-based learning which enables the loose controls necessary for such reconstruction while maintaining some controls over standards of practice? These questions will be addressed in the next chapter.

Finally, this chapter describes workers linking past experience, values, satisfactions, personal characteristics to their work practice. This implies that by engaging in support work participants are enacting a particular identity. The findings suggested that identification with practice is in part what makes for effective caring practice. This raises questions about the way in which workplaces facilitated this process of identification. What happens when practitioners could not act out of personal characteristics, satisfactions or values? How was this identification altered when practitioners were considered to be acting inappropriately? These questions of identification will be discussed further in chapter six.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Chapter 5 Learning activities, participatory opportunities and affordances

Chapter five addresses research question two: “how is support worker learning shaped by the practices of their workplace?” The chapter begins by describing the learning activities support workers engaged in which shaped their capability.

These activities are structured, supported or provoked by a range of learning-focused and work-focused participatory opportunities. These participatory opportunities support a process of alignment in which participants act to achieve collective coherence in their understanding, goals or standards. This alignment represents a countervailing force to the subjective and situational reconstruction described in chapter four. The chapter then moves on to describe the nature of the affordances for participation and therefore learning available to the support workers. Finally, an example of induction is presented to demonstrate the particular way in which participatory opportunities and affordances operate in relation to newcomers.

5.1. Learning activities

In order to build an understanding of support worker learning, participants discussed how their capabilities were acquired, critical incidents, life history and transitions. Focus was given to both learning-focused activities and those that arose through participation in work activity. Eraut's (2009) research into early career learning offered a categorisation that offered helpful sensitising concepts to guide the analysis. Work processes with learning as a by-product such as working with service users, interacting with colleagues or reading documents were

delineated from learning-processes at or near the workplace - supervision or mentoring, for example.

Research focusing on learning as participation can rest on the circular reasoning that if learning arises out of participation therefore all participation is learning. A fine grained analysis of learning activities as distinct from work or learning processes was therefore needed. Eraut's (2009) third categorisation of 'learning activities' offered a way forward here. In Eraut's (2009) research, learning activities were distinguished from work or learning processes simply in terms of length of time taken but, in this research, were seen as of quite a different order to work and learning-focused processes. To return to the definition from Chapter two, these learning activities were seen as the way in which the individual changed their capacity to act and the meanings they constructed (Edwards, 2010).

Eraut's (2009) list of learning activities is rather brief. Cheetham and Chivers' (2001) description of 12 professional learning mechanisms provided further sensitising concepts but their model did not constrain the generation of categories. Table 6 presents the learning activities identified by participants. The bullet points provide an explanation of how participants described each activity. Examples are given.

Table 6. Definitions and examples of learning activities

LEARNING ACTIVITY	EXAMPLE
Reflection	
Characterised as the transformation of perspective (Redmond, 2006) and adaptation of response. The categories of reflection were:	
<ul style="list-style-type: none">• Reviewing past performance to consider good and poor points. Possible improvements to practice are identified.	Debs finishes her session with Norman. She considers what could have been done better.
<ul style="list-style-type: none">• Viewing practice from another person's perspective to understand their experience.	Going on holiday with Daisy – described as “a hyper person” - made Debs realise how frustrating things must be for her when everyone else is so slow. This insight will be passed on to others in Daisy's Individual Support Plan.
<ul style="list-style-type: none">• Ongoing monitoring of situation, personal action and desirable outcomes with continual adjustment.	While working with a service user, Lisa conducts assessments throughout the session (for example, asking questions, watching body language or judging task performance) to gauge how well he is performing a task, watching for things that are not working or working well. She uses this information to change her approach.
<ul style="list-style-type: none">• Understanding and managing personal emotions.	Jenna is having problems at home. Talking with a colleague about her home life changes the way she sees the situation. It helps her put her problems aside and focus on her work.
<ul style="list-style-type: none">• Reframing an experience to construct an alternative interpretation.	Grace hates football but has been assigned to support a football session. Although reluctant, she frames the activity as an opportunity to work with a different client group and try a different kind of social interaction which changes the way she feels about it.

LEARNING ACTIVITY	EXAMPLE
Problem solving Solving problems in day-to-day practice.	Responding to a service user who acts inappropriately around children, Debs' team discuss the reasons for the behaviour and consider different options to address the issue.
Reviewing and planning Gathering and integrating information from different sources, considering the effectiveness of past activities and considering options.	Freya contributes to a personal care plan by consulting with the service user's parents and other practitioners. Together they agree what issues need to be addressed in the service user's life and what services should be offered in the future.
Observing and adapting practice Observing and appropriating the practice, personal qualities and attitudes of practitioners.	Wendy learns to recognise seizures by watching service users and practitioners. Colleagues would recognise an individual's impending seizure and point the signs out. Wendy observes how practitioners managed the seizures and asked questions afterwards.
Trial and error Developing a new practice by trying different approaches and considering effectiveness.	Starting a new role, Corinne develops a note taking technique by trying different approaches until finding one that works for her.
Practice and repetition Participant repeats a physical technique until feeling proficient and confident. May start with less complex situations and work up to more complex ones.	Wendy learns to feed people after attending a training course on Dysphasia. She starts by feeding another practitioner and then progresses to 'easier' service users. Once she has successfully fed the 'easy' service user over a number of sessions, she progresses onto more challenging service users.
Information exchange Practitioners seek out and receive information from other people.	Freya is told by a colleague that the person she is working with has been hallucinating this morning and she should not push him too hard.

LEARNING ACTIVITY	EXAMPLE
<p>Reconstructing practice Working with a new service user or acting in a new setting, the participant adapts past practice to the current situation.</p>	<p>Lisa adapts a technique developed as a teacher to gather information from a service user for a care review, changing it to make it appropriate to an adult with a learning disability.</p>
<p>Consulting service user files/Adopting and adapting protocols, guidelines and directives Participants follow written guidelines which specify how an activity must be carried out. May be skills based (e.g., taking blood, administering medication, managing a seizure) or specific responses to service user issue (e.g. conditions of 'sectioning' under the Mental Health Act). Participants also refer to service user files to build an understanding of the individual.</p>	<p>Some of Ingrid's service users are sectioned which determines how often they can leave the facility. She has received guidelines from registered workers on how to respond to service users who try to breach the constraints of their section.</p>
<p>Articulating understanding A requirement for the participant to articulate understanding in a meeting or to train a colleague leads to an increased awareness of what he or she knows. Articulating understanding can also increase attention to practice.</p>	<p>When Ingrid assists in running a 'SKIP' training session where she must demonstrate specific techniques, she comes to realise how much she knows.</p>
<p>Giving and receiving feedback Participant receives comments on an aspect of their practice.</p>	<p>Freya prepares a report. Her manager comments on it, providing her with explicit direction about what needs to be changed.</p>

LEARNING ACTIVITY	EXAMPLE
<p>Taking on guidance</p> <p>Participant follows the guidance given by a colleague. It may be verbal or non-verbal (e.g. modelling an action). Guidance may involve direct instruction or is co-constructed (i.e. participants work out together what to do).</p>	<p>Having been invited to a professional meeting, Corinne asked a colleague for advice on what to expect and how to prepare.</p>
<p>Physical habituation or toughening</p> <p>Participant develops the ability to respond to distasteful situations without nausea, distressing situations without upset or difficult situations with an assertive attitude. The worker develops the stamina for physically demanding work.</p>	<p>Having encountered and responded to many people antagonistic to those with learning disabilities Jenna has found she is not as upset by it as before and responds more assertively.</p> <p>Ingrid can now clean up vomit without feeling ill.</p>
<p>Building and adapting conceptual understanding</p> <p>Participants develop an understanding of concepts, diagnostic categories or philosophies. This changes the way they understand an aspect of practice.</p>	<p>Feeling stuck with a service user, Beth attends a course on depression. Discussing Beth's service user, the facilitator suggests he might have personality disorder. Beth now sees her service user differently and this provokes further discussions with colleagues in which they offer explanations of his behaviour.</p>
<p>'Osmosis'</p> <p>Participants describe changes in understanding but are unable to explain exactly how this has happened.</p>	<p>Maya initially found it difficult to understand the jargon used by her colleagues but over time picked up the underlying meanings.</p>

As Table 6 shows, some of the within-person changes that constitute learning are not simply about meaning making. Some include the transformation of the body such as building up physical stamina or changing physical response as in the capacity to respond to distasteful situations without nausea. Other references include the acquisition of skills. With the inclusion of changes in sensorimotor ability or physical response, does the assertion from chapter two that learning is a process of meaning making still hold?

The data suggested that learning can not be considered simply as the development of technique or meaning making. Development involves multiple learning activities. Participant accounts of trying to understand a service user or developing a skill such as feeding or taking blood, for example, referred to a number of different learning activities in operation at the same time or in sequence which is a point also made by Cheetham and Chivers (2001). Zoe's process of learning to take blood provides an illustration.

Box 7

Zoe learnt to take blood through a protocol-based training programme which included a competence-based assessment. The process took 6 months. First, Zoe observed the phlebotomist at work several times. The phlebotomist demonstrated the techniques of venipuncture such as assessing the veins or using a tourniquet. As she worked, the phlebotomist also explained health and safety and disposing of sharps. Zoe regarded her to be a good role model – an expert phlebotomist with a “lovely” patient manner and good relationships with her service users.

Once Zoe understood the process, she began to take blood herself working under supervision. Her first patient was a carefully selected 'easy' one – someone with good veins, was calm and relaxed. This relaxed Zoe too. Although Zoe was learning to perform the task, she still needed to get it right. Poor performance can leave the patient feeling very concerned about having blood taken in the future.

Zoe did not find venipuncture difficult to learn but she was "... *afraid to hurt the patient ... I don't like having blood taken from me ...*". Her own fear of having blood taken motivated her to be gentle. Even when she had mastered venipuncture technique and assessed competent, it took a while to feel confident:

"I had to do it several times before I find I'm confident, because with confidence I think, it makes you able to deal with the task"

Over time, she has taken blood from a number of different service users and from their behaviour knows when to use the vacutaineer or the needle and syringe.

After working in venipuncture for some time, she began working towards a National Vocational Qualification. She read up on venipuncture in detail to understand the theoretical underpinnings and writing these up for her portfolio.

An assessor assessed her competence.

Zoe's learning incorporates a range of learning activities described in Table 6.

She begins with 'observations' of an expert to appropriate the techniques she uses.

In understanding health and safety, the disposal of sharps and following an established method for venipuncture, she 'adopts and adapts protocols, guidelines

and directives'. Her development of confidence hinges on the 'practice and repetition' of taking blood. However, Zoe is not just applying technique. When she empathises with her service users' discomfort, she appears to be 'reconstructing practice' from a past situation to her current one. Finally, her NVQ studies were a process of 'building and adapting conceptual understanding' and 'articulating understanding'. Zoe's learning, like that of other participants, was ultimately multimodal.

Just as Table 6 does not convey the way in which learning to perform a task involves multiple learning activities, it also fails to illustrate the way in which the activities interact. The data suggests that reflection as the transformation of perspective (Redmond, 2006) played a central role. Fenton O'Creevy et al. (2006) argues that reflective practice can involve the integration of different kinds of knowledge, and participant accounts suggest that reflection was an activity that integrated different types of learning. Take for example Lisa, whose surprise that a person identified as autistic did not appear as such provoked her to reflect in order to make sense of what she had experienced. Her surprise was in part provoked by reading around the topic of autism but her reflection draws on a number of other learning activities:

"I didn't find to work with him difficult like when you have Autistic people, so I really don't know, because he can engage, he can have eye contact. [...] I'm going to observe him because I'm not specialist. I had some experience in previous work when I was working two years with Autistic people, and when I compare him I haven't found any kind of similarity; it's only that

he's shy or something, or whatever, and so I don't know. Then, I know that he was engaged with our psychiatrist, Richard, and I think that lady as well, so then I probably will approach them and ask how he was diagnosed and when and who did it or whatever."

Lisa's act of transforming her perspective on a service user involves reflecting on her experience and draws on a number of learning activities – she implies she has been 'consulting service user files' in order to identify his diagnosis and 'building and adapting conceptual understanding' through reading. Her reflection leads her to pursue a further learning activity in her decision to consult with the psychiatrist ('information exchange').

5.1.1. Conclusion to section

This section describes the way in which the work of Eraut (2009) and Cheetham and Chivers (2001) sensitised the analysis of the data. A number of different activities of learning were identified. These activities were congruent with an understanding of learning as involving changes in the way in which the world is interpreted and acted upon. It was argued that learning is constituted out of multiple activities. Reflection has a role in integrating these different activities.

5.2. Participatory opportunities

The chapter now moves on to describe what Billett (2010) refers to as the participatory opportunities that structured the support workers' development. Following Eraut's (2009) characterisation described in section 5.1, learning-focused participatory opportunities were distinguished from work-focused ones.

Analysis suggested that these participatory opportunities shaped, provoked or supported learning activities. To establish the range of opportunities involved in learning, a summary will be presented in Table 7. This section will move on to discuss two themes regarding the way in which these processes structured and provoked participant learning.

Table 7. Participatory opportunities

LEARNING-FOCUSED PARTICIPATORY OPPORTUNITIES	EXAMPLE
<p>Education and training</p> <p><i>In-house training courses</i></p> <p>Bespoke training sessions tailored to the team or in-house programmes to induct practitioners into an understanding of the service, its staff and its policies.</p>	<p>Ingrid and Jenna attend a training session on personality disorder which is particularly focused on understanding the behaviour of one of their service users. They learn how to manage his behaviour.</p>
<p><i>Pan sector training courses</i></p> <p>Local authority or National Health Service generic training courses bringing together practitioners from a number of different services. May be mandatory or voluntary.</p>	<p>Grace attends an induction course on abuse with practitioners from a number of other services. Although some of the course was common sense, other aspects raised her awareness of the different and subtle forms abuse may take.</p>
<p><i>National Vocational Qualifications</i></p> <p>Students attend class-based sessions with other practitioners. Assessment includes competency-based assessment involving observation and the production of reflective evidence-based accounts.</p>	<p>Jenna is funded to study for a National Vocational Qualification. The in-class discussions expose her to different practices, some of which she feels are inappropriate. Upon course completion, she feels more able to advocate for service users and support their choices.</p>
<p><i>External education</i></p> <p>Participant studies at a university.</p>	<p>Corinne is studying the open courses which make up a social work degree. Her study has clarified her values and has expanded her awareness of mental health issues. She takes some of the articles accessed through her study and posts them on the staff notice board.</p>
<p><i>Providing training</i></p> <p>The participant trains other practitioners either within a group session or one-to-one.</p>	<p>As an assistant instructor on a Strategies for Crisis Intervention and Prevention course, Ingrid demonstrates the physical techniques and leaves the "waffle" (the theory) to the other instructor. Through instructing, Ingrid realises how much she does know and that she should not put herself down.</p>

LEARNING-FOCUSED PARTICIPATORY OPPORTUNITIES		EXAMPLE
Supervision and appraisal		
Formal supervision Scheduled sessions to discuss performance, challenges, key events, nature of role, vent emotions and exchange feedback. Can provide a sense of direction for upcoming weeks, allocation to tasks that best match the worker's needs or a focus for development. May occur more frequently during probation.		Freya describes supervision as " <i>me time</i> " but also " <i>their time for you</i> ". Problems are talked through such as unsuccessful sessions, challenging service users or difficulties with colleagues. She identifies activities she would like to take up or is assigned new tasks. She is given feedback on her practice and personal development tasks such as training are identified.
Informal supervision The practitioner engages with their manager or a trusted other (including other support workers) to discuss issues when needed – chance meetings or an 'open door' availability.		Debs' manager would spontaneously phone and ask "how are you feeling today". It made Debs think about what she was doing but also encouraged her to approach her whenever she had an issue.
Appraisal meetings The manager provides feedback on the practitioners' performance, considers grading and areas of development.		In Beth's appraisal she identified how her role stopped her from using her expertise. Beth and the manager identified work tasks that would better reflect her skills.
Use of research		
Practitioner uses the internet or the library to conduct research on disabilities, health issues, community services or agencies.		Debs is puzzled by a service user's behaviour and worried that her colleagues are not responding appropriately. She carries out internet research into the service user's syndrome.

WORK-FOCUSED PARTICIPATORY OPPORTUNITIES	EXAMPLE
<p>Work with service users and their families</p> <p><i>Engaging in shared activity and observing response</i></p> <p>As the service user engages in a new or familiar activity, the practitioner is able to observe their interests, needs, capabilities or preferences.</p>	<p>While working with Mike in a gardening session, Uja can see which tasks he appears motivated to do and those he dislikes. He notices that he lacks upper body strength and stamina. He is unfit. He notices the length of time Mike can maintain concentration. He notices patterns in his behaviour. He learns to recognise when an aggressive outburst is about to happen and what can be done to diffuse these.</p>
<p>Conversation with the service user</p> <p>Conversation is predominantly informal in style though may be focused on a specific purpose (e.g. planning to move house) or general chat.</p>	<p>Beth describes different conversational techniques with service users. She rarely asks direct questions about medication use or mental health but engages in general conversation while watching for signs of deterioration. Sometimes when sharing activities, discussion is provoked by events that provide insights into the service user. Other times, Beth asks service users how she can better support them or even to 'teach her' about how certain drugs affect them.</p>
<p>Conversation taking place during a care review meeting or information gathering exercise with other practitioners or family.</p>	<p>Lisa is gathering information in advance of a service user's care review meeting. She meets with the service user to discuss what activities he would like to do. She also meets with the service user's family to discuss his issues.</p>
<p>Observations of service user</p> <p>Participant observes service user engaged in activity, possibly when he or she is being cared for or supported by another practitioner.</p>	<p>Uja observes two women working with a male service user. He notices that the service user's behaviour is different when he is being supported by women.</p>

WORK-FOCUSED PARTICIPATORY OPPORTUNITIES		EXAMPLE
Interaction with colleagues		
<i>Non-formal interaction</i>		
Non-scheduled conversation in the presence of, or away from service users. Can include problem solving, interpreting behaviour, gossiping, agreeing actions, exchanging information or problem solving.		The nurse-in-charge tells Jenna about yesterday's staff meeting. Jenna responds that the manager was presenting it wrong. The nurse discusses how the risk assessment will be done, and Jenna explains how they sometimes do not have all the necessary files. They discuss how it can be helpful not to have preconceived ideas.
<i>Formal meetings for support workers (e.g. staff meetings, handover meetings)</i>		
Team meets at a set time, with a specific agenda to discuss team functioning, policy matters or service user issues. The meeting may formalise responses to issues, disseminate information, allocate work, identify and address problems or agree the direction of activity.		A recent critical incident with a service user is raised at Wendy's staff meeting. The team discuss how to respond if a similar incident happens in the future and they agree to a particular response. Although incidents are also discussed informally, Wendy says that raising it in a staff meeting ensures everyone understands what to do and formalises the agreed response.
<i>Restricted meetings</i>		
These are meetings that are not necessarily open to support workers. They may include managers' meetings, 'professional' meetings (e.g. for registered or senior workers) or pan-service meetings.		At the Southside Community Mental Health Team, professional meetings take place between the registered practitioners to address challenges with specific service users. For example, to discuss the need for additional staff resources to meet a particular need.
<i>Review meetings</i>		
Meetings specifically to review service user needs or prepare a care plan. May draw in a wide range of staff from different sections of the service, the service user and their family. Support workers may or may not be invited to participate.		Freya, her colleagues, a service user and his family attend a review meeting to discuss a plan for his future support needs. Freya had prepared a review document for the meeting and presented a multimedia description of the service user on an electronic whiteboard. Freya says that those at the meeting discussed a persistent problem experienced by the service user. Changes in his support provision were identified.

WORK-FOCUSED PARTICIPATORY OPPORTUNITIES	EXAMPLE
<p>Interaction with colleagues (continued) Observing practitioners in action Participants may observe experienced practitioners with desirable characteristics or shadow different practitioners to understand the range of activity. The observed practitioner may articulate reasons for actions, answer questions or provide opportunities to join in. The participant may be formally asked to shadow the participant or the observation may take place during regular day-to-day work.</p>	<p>When she first started her current role, Zoe was assigned to observe an experienced HCA visiting and working with the service users in their own home to understand what the role entails. However, Zoe did not like HCA's way of interacting with service users and decided to try her own approach instead.</p>
<p>Non-routine tasks Practising in a different setting or in the same setting but in a different role The participant works in different setting either on secondment, in a temporary role or as a result of a job change. He or she may have the same role or a different one in terms of client group, functions or level of seniority (e.g. acting up).</p>	<p>Zoe was briefly seconded from Northside District Nursing Service to Central Medical Centre. There she found that registered practitioners took on whatever needed doing rather than reserving certain tasks for Zoe. She liked feeling more equal to her colleagues. Each patient was discussed in handover meetings not just the problem ones. The procedure made Zoe more attentive. Returning to Northside, she realises how things could be improved there.</p>
<p>Special projects The participant engages in a short term project or non-routine activity such as developing a new service user activity or protocol. The special project may also include protracted activities such as being part of a team setting up a new service.</p>	<p>Beth was seconded from her role on a ward to help set up a new service. She visited other services in the community to understand their provision. She visited similar agencies in other cities to learn from their practice: <i>"I like the way they did that"</i> and <i>"I don't like that idea, but that was good"</i> and <i>bringing these ideas back to the team where they were actually ... we formed our own way of working."</i></p>

As Table 7 suggests, a considerable amount of learning was provoked by work processes. This section now moves on to make two points about learning and participatory opportunities. The first is to make a case for learning through everyday activity. Second, it will be argued that the pursuit of alignment is one element of learning through participatory opportunities.

5.2.1. Learning through everyday activity

Interactions with service users and colleagues in particular, were a significant stimulus for learning. Some conversations were scheduled, such as team meetings or supervision sessions. However, many conversations arose out of interactions that were either part of doing the work or appear unstructured leisure time. These interactions were not necessarily coolly measured information exchanges or appraisals of situations but included the exchange of war stories, gossiping, complaining behind a colleague's back, "childish" squabbling (Jenna), point scoring and aggressively responding to insults. For example, below is a summary from an observation of Freya.

Box 8

Freya and another practitioner are chatting over lunch. They discuss clothes and current fashion. They then talk about their afternoon's plans. Conversation shifts to why a service user had been crying. They then discuss the terms used to refer to service users. They refer to 'client', 'service user' and 'patient.' They do not like these words and discuss the reasons for their preferences. One says she likes 'the guys.' Freya agrees.

As tangential as this conversation is, it can also be seen as supporting learning.

Conversations about afternoon plans support information exchange ensuring a service's smooth running. Discussing the person who was crying ensures that the core practice of building an understanding of service users is addressed.

Discussing terminology involves comparing acceptable attitudes. Just as Edwards (2010) noted that the gossip of research scientists exchanged information about possible collaborations, the participants' reports of gossiping and 'backstabbing' revealed opinions about what constituted good practice and good colleagues. For example, Grace describes her colleagues complaining about a worker who will only drive the 'nice van.' For a newcomer like Grace, such conversations provide access to the definition of a good colleague as flexible, compromising and willing to share the perks.

The events in the examples above can be seen as stimulating interactions with the potential to change the meaning of practice. This is learning that is reminiscent of the 'osmosis' described in Table 6. Such events appear fleeting in that they represent micro-exchanges in the enactment of work roles. Here, Wendy's conversation about a service user's jerking arm responds to an immediate demand, the memory of which may fade or appear trivial if saved for discussion with a senior worker or manager:

"... if somebody had suddenly jerked out an arm in a session and then you were going to wait 'til you saw your manager next and you say 'Is it quite normal for X to do that?', they're not there seeing it."

The simple observation and information exchange activity prompted by this small event was best served by a conversation with colleagues. In the quote below, she describes her experience as a newcomer trying to understand why she is carrying out a particular procedure:

“... it was easier to say ‘why am I doing this?’ at the time and like if somebody did a certain movement it was like ‘is that normal?’, so you were learning minute by minute almost.”

Participants suggest that talking to colleagues in this way (or even other processes from Table 7 such as conducting internet research) established a sense of order and predictability to the practice so that a behaviour like a jerking arm can be interpreted as normal or a feature of a person’s condition – in other words, this was learning as sense making (Weick et al., 2005). As significantly though, this is learning intertwined with what participants refer to as practical experience of the workplace and knowledge of the service user. It maintains their sense of capability within these terms. Finally, although inexperienced, Wendy was able to function competently with the informal moment-by-moment guidance of colleagues. For participants, work processes like meetings planning an activity or conversations were not a context for activity, they extended their ability to understand situations or know what to do next in an upcoming situation.

5.2.2. Alignment, power and negotiation

There is an implication in the participants’ claims that the three foundations of their capability as natural ability, simply knowing the service user well and working out of practical experience means that ‘anything goes’. Furthermore, the

account in chapter four of practice as a subjective and situational reconstruction suggests an array of widely divergent actions and not the coordinated multi-actor work that constitutes providing care for someone. Finally, in the previous section, work-focused participatory opportunities appeared informal and unstructured making learning activities seem inadvertent. However, the data on work-focused and learning-focused participatory opportunities did not substantiate this conclusion. Indeed, workplace learning experiences can not be seen as unstructured as norms, values and practices shape and sustain activities as well as the definition of what constitutes good performance (Billett, 2002a). This section describes the way in which work and learning-focused participatory opportunities structured practice and brought cohesion to the individual practices of practitioners.

Participant accounts did refer to the way in which standards of performance were supported by work and learning-focused participatory opportunities. Some tasks, such as medical procedures, needed to be performed with exacting precision. Other activities albeit incorporating ‘softer’ skills such as managing service user aggression, correctly responding to a suicide threat or recognising the onset of hallucinations could also have negative consequences if performed poorly. Even relatively ‘harmless’ activities could come under scrutiny in terms of whether they had therapeutic value or were connected to a service’s orientation. The work and learning-focused participatory opportunities such as handover meetings, collegial interaction and supervision all play a part in an attempt to ensure that these processes were performed correctly. Training sessions disseminated information

about the correct way to practice and in the case of crucial medical procedures involved mandatory training, observation and signing off as competent.

So running alongside the subjective and situational reconstruction of practice were processes focused on ensuring a standard of performance. The work and learning-focused participatory opportunities involved sharing understandings, reaching agreement on service user goals or approaches to practice. They involved planning and organising. Such matters of coordination are one of the driving dynamics of practitioner learning (see Rogoff, 1995, for example). This process will be referred to here as alignment. Before discussing how alignment operated to support learning, its significance should be highlighted. In the box below, Corinne's story illustrates the anxieties around unaligned practice.

Box 9

Corinne

In Corinne's team, practitioners are not permanently allocated to specific service users but rather are assigned depending on the demands of the day. Corinne is frustrated with the potential for inconsistency. Some practitioners may not maintain the focus on the issues attended to by Corinne. They may miss issues that need attention and so any progress made by Corinne stalls or is undone. Sometimes service users get confused by different approaches, manipulate the inconsistencies or even disengage from Corinne. She gives the example of how her emphasis on building independence may not be followed by other practitioners:

"They will take the lead, they will wash the dishes, they will do

this, they will do that, and in that situation you disempower the client, and therefore when I go and want to use my approach in terms of assertiveness and empowering the client [and] the person disengages.”

Unaligned activity was seen as undermining development or therapeutic progress. It was also seen as jeopardising Corinne’s capacity to engage with the service user. Participants expressed frustration, anger and even distress with colleagues who allowed services users to break the rules making it hard for others to enforce them, residential teams who did not maintain the programmes established by the day team and even, as Agnes explained, her Smoking Cessation Programme undermined by a colleague who delivered cigarettes to the same person. Practitioners worried they would be unable to assert any boundaries or be manipulated by service users.

For this reason, the collective action of care needed alignment and this process could stimulate learning. Work and learning-focused participatory opportunities supported planning, coordination, interpretation and sharing understanding. Alignment included direct verbal interaction both about work tasks (e.g., assigning service users, planning activities, complaining or gossip) and within-work tasks (e.g. discussing how to interpret service user behaviour as it happens). This work was intertwined with artifacts which were used to communicate understandings (e.g. risk assessments) and coordinate action (e.g. care plans). Alignment was direct and organised in scheduled processes such as a handover

meeting or care reviews. It could also involve conversations while driving to another centre or chance encounters in the tea room.

The anxiety and frustration arising out of unaligned activity and the desire to achieve alignment drove learning. For example, in the excerpt below, Ingrid recounts a conversation with Jenna about their different understandings of 'a tidy room', an exchange which involves the learning activities of feedback, reflection and the establishment of a standard based around a specific example of a bedroom:

"I think it's our expectations are a little bit too high of what we expect of them, that sometimes they find it hard to live up to, you know? [...] so she [Jenna] goes: "Yeah but it's not, it's not, it's not normal it's not what it should be" type thing and she did ... I went "Yeah, but she's not Mrs Mop" you know, and as long as she has done her bit, to her, she's done it, perhaps to the best of her ability, not the best to your ability, but perhaps the best to hers."

Although they agree that the service user should clean and tidy her room, Jenna and Ingrid differ in their reading of 'to what standard' and allude to their understandings of 'normal', 'standards' and the user's abilities. Other accounts refer to similar processes of alignment provoking learning activities. Discussing should a service user be allowed to bring pornography into the group home involved consulting policy and the senior team as well as sharing experiences of the individual's behaviour. These tasks triggered the learning activities of

adopting and adapting protocols, guidelines and directives as well as information exchange. Similarly, differences in Debs's team around decision making with service users led to a discussion of person-centred practice provoking the 'articulating understanding' learning activity.

Power and hierarchy in alignment

So far, alignment as a negotiated and consensual process has been discussed. It could also involve power. For example, Grace and Freya's manager intentionally contrived a meeting and set an agenda in which the team discussed their difficulties in timetabling in order to demonstrate to an inflexible practitioner how her behaviour was affecting others and place pressure on her to conform. On one level, this event provoked the learning activity of providing feedback but on another was the intentional exercise of power.

Participants occupied a position in the hierarchy in which they were not fully autonomous but rather possessed responsibilities delegated to them from registered or senior workers. For example, senior members of staff provided a plan which Ingrid and Jenna had to follow when a service user became upset about being unable to leave the home. The dynamics of these power structures varied. Sometimes alignment was enforced by managers curtailing roles and functions or overriding support worker opinion. Maya describes a 'problem solving' learning activity centred on a clinical discussion about a service user's behaviour in which her opinions were sidelined by a team leader:

"Sometimes I forget myself that I'm, there is a hierarchy and that I am a support worker; I forget that because I've always

worked in ... that I forget that I actually am not in a position where I can actually engage so openly in a clinical discussion."

Here Maya's lack of positional power limited her contribution to the team. However, support workers rarely described passive acquiescence to power because, as discussed in chapter four, they felt they knew their service users better than other practitioners. This placed them in a negotiating position where they would attempt to participate actively in decision making, provide feedback or push for a particular course of action. For example, Wendy describes a physiotherapist issuing a 'decree' directing her to mobilise a service user. Although her language suggests an order given by a superior to a subordinate, Wendy's response was to negotiate a different therapeutic programme after helping her service user to walk up some stairs:

"Yeah, so we get her up to the top and she's looking a bit wobbly, so later that day I requested the physios to give her some exercises to do with her while she's laying down or something to get it going before weight bearing, so that's being looked into and that as well."

So what has been described here are processes that are goal focused and structured through participatory opportunities. This alignment was not imposed but negotiated - motivated out of the practitioners' anxiety about activity that was incongruent with their sense of standards and a desire to practice in a way appropriate to their sense of what is best for service users.

Access to expertise

A further dimension of alignment is that there are practices which are established as correct on the basis of expertise. All teams drew on the input of expert workers who offered guidance or diagnoses. Access to experts or specialists enabled learning activities such as observing practice, information exchange or building and adapting conceptual understanding. Zoe, for example, compares access to expertise in handover meetings to working alongside a nurse:

“I actually think I learn when I go out with the registered nurse, so that’s where I tend to learn more of the actual nursing side of it. [...] You learn in handover about patients, I think, and about their condition and about where they are, with regards their healing they’ll just say ‘Oh well, definitely deteriorated’ or ‘She has..’, so you’re aware of their situation, so you’re learning about the patient I think more on a handover, whereas if I go out with the registered nurse they’ll actually show me something technical.”

Zoe describes access to two types of learning. Technical skills can be learnt through observation. Learning through reviewing and planning is a process associated with handover meetings. In such sessions, those with specialist understandings can confirm support worker hunches, provide them with a vocabulary to discuss an issue or expand their conceptual understanding. Experts can also shape the direction of learning. Status as a specialist provides an authority to draw attention to an issue that a team may have overlooked. In contrast, Corinne notes that because her team lacks a permanent social worker

they neglect social care issues shutting her off from potential learning activities. As this agenda is carried by the support workers only, she notes that *"I am seeing myself that they are not seeing me as a qualified social worker, so what I'm saying doesn't carry weight."*

However, 'expertise' is not only available from registered practitioners. Service users offer insights into their experience. For example, some services drew on guidance from a panel of service users and Beth, in her desire to learn more about the effect of drugs on mental health, would specifically ask service users about this.

Also, participants emphasised the importance of accessing the knowledge possessed by other support workers with in-depth knowledge of specific service users - *"just little tips really and pointers and things to look out for when they see a situation beginning to arise"* (Grace). Such discussion often takes place on-the-job, but some teams specifically attempt to surface collegial understandings. For example, the Southside Community Mental Health Team specifically discussed the individual expertise of each member.

Access to expertise may need to be specifically facilitated. While handover or staff meetings aimed to share knowledge, some have more effective processes than others. Zoe compares a system where only problem cases are considered to one where all practitioners discuss all giving her access to the expert assessment of the nurses as they reported their cases. She too presented her cases more proficiently:

“... they talked about every patient, not about my patients but about every patient, what happened, was the wound healing OK, how was the patient, and it does very good feedback, very good feedback. [...] You think much more about what you’re going to say. You’re much more observant about the patient I think as well.”

So although access to knowledge can occur through the routines of everyday practice – conversations throughout the day or handovers, some special attention may also help strengthen the learning of practitioners.

5.2.3. Training

The discussion so far has predominantly been concerned with the way in which alignment drives learning through workplace participatory practices. Training receives special attention here because, as chapter one argues, the lack of it is a particular anxiety in the health and social care sector. All participants reported participating in a number of training courses. The courses explicitly mentioned by participants are listed in Figure 5.

Figure 5. Courses referred to by participants

Conditions <ul style="list-style-type: none">• Depression• Schizophrenia• Different kinds of learning disability• Autism• Dysphasia• Personality disorder• Bereavement• Epilepsy• Service users with drug problems Principles <ul style="list-style-type: none">• Person-centred practice• Care planning• Sign language• The social model of disability• The history of learning disability• Safeguarding and working with vulnerable adults• Duty of care	Procedural <ul style="list-style-type: none">• Health and safety• Back care/moving and handling• Infection control• Mental health law Administrative <ul style="list-style-type: none">• Computing skills Interventions <ul style="list-style-type: none">• Smoking cessation• Administering medication• Phlebotomy• Administering ECGs• Injecting insulin• Dressing wounds• Strategies for Crisis Intervention and Prevention• Bladder washouts
--	---

The fears raised in chapter one that support workers would go into practice without any training appeared unfounded. Participants attributed particular value to training as a process which served a number of purposes. They described it in the following terms.

- **A bureaucratic exercise:** mandatory training was viewed by some as a bureaucratic exercise in which their employer is “covering itself” against worker wrongdoing by being able to prove that they had addressed the issue. The sheer volume of information provided during the two week induction course could leave participants feeling overwhelmed and unable to retain it all. This approach only reinforced the impression that training was about ticking boxes.
- **As enabling role expansion:** the opportunity to perform tasks such as administering medication, smoking cessation counselling or phlebotomy were predicated upon undergoing training. Some participants felt that training enabled their role to become more challenging, sophisticated or interesting. Some training, such as Wendy’s sessions in dysphasia enabled her to be assigned to more challenging service users.
- **As carrying symbolic value:** to be trained was considered to reflect the participants’ value or a right to a particular salary. Training was seen as reflecting organisational concern (for example, the provision of training in back care). Training was also interpreted in terms of status. Trained support workers, “being given the right training” (Zoe) meant that the practitioner was more than a “dogsbody” (Freya). Being required to undergo regular mandatory training like registered workers reflected equivalent status. Being denied the study leave entitlements received by registered workers were interpreted as reflecting low status.

- **As addressing practice challenges:** training served both a preparatory, updating and reactive function. Preparatory functions incorporated induction training which set the boundaries, principles and expected practices of the role. Preparatory training included topics such as person-centred practice, safeguarding vulnerable adults, the mental health act or Strategies for Crisis Intervention and Prevention. Updating covered courses that disseminated the latest techniques or understandings. Some reactive training was initiated by managers to respond to an emerging issue or challenge. However, some reactive training appeared initiated by the participants who would identify the difficulties they may be experiencing and try to access training that would address these.

The list above suggests that participants considered training of value, a useful contributor to their expertise and necessary for the role. Considering that participants stressed practical experience, natural ability and service user knowledge as the foundation of capable performance, how did training fit with their sense of how best to develop?

Participants wanted training which evoked authentic practical experience. They praised session leaders with hands-on experience of practice. A session on autism led by a person with autism who could provide examples of her view of the world was described by a number of participants in different services as excellent, for example.

Similarly, training methods that used the participants' practical experience as learning material was valued. Participants wanted to discuss their work and their clients, interpreting and applying their understanding to their experience. For example, in a session on personality disorder, Ingrid valued the way the discussion incorporated the service user's behaviour:

"And everything started fitting in that place and you think:

"that's why he does that then" you know yourself there's these niggings but you can't answer: "well that's the reason why he does that" because that's what he does."

With this in mind, some participants felt that induction training was best attended not on the first day but following a period in post. This would give them the experience they needed to understand the sessions.

"I think if I'd have just gone straight into induction, I wouldn't have had a clue what they were talking about". (Wendy)

In preparatory training, participants may not have experience to share. However, sessions which evoked equivalent experiences were valued. For example, a course on feeding people with dysphasia started with participants feeding each other. Similarly, the person-centred planning course required Freya to complete a person-centred plan for herself:

"The training itself was quite fun cos it also makes you look at yourself, and by looking at what they expect, the tools they give you for the service users, they give it to you too and you sort of look at yourself and what's important around you, and then they

have another circle, you know the outer circle and what's important there, and your goals and stuff, and it was quite good training."

Certainly, the place of experience in training also needs to be viewed in terms of effective pedagogy which makes ideas relevant to and accessible within the learners' terms. However, effective training experiences were interpreted and engaged with by participants in terms that were consistent with the value they placed on the role of practical experience, personal qualities and service user knowledge in support worker capability.

5.2.4. Conclusion to section

This section described the work and learning-focused participatory opportunities which structured and provoked learning activities. It was argued that these opportunities support the practitioners' conception of the foundations of their capability by supporting learning activities situated within the performance of the work. The experience of alignment, training and access to expertise helps ensure that service users were not left vulnerable to the extent and limitations of the practitioners' personal experience. Alignment shapes practice and establishes a shared understanding of what is appropriate. The anxiety associated with unaligned activity can be seen as a driver for learning. As all practice is a situational and subjective reconstruction, the need for alignment is provoked which in turn, drives learning.

Expertise was available from registered practitioners. These practitioners presented models of technical skills. They made available specialist understandings and a vocabulary to discuss situations or problems. They may respond to, or confirm support worker hunches. They can also set the direction for discussion or learning by drawing attention to issues that must be attended to. Expertise may also be available from service users who provide insight into particular experiences or support workers who may have particularly in-depth knowledge of certain service users.

Training was valued by participants as it enabled role expansion, carried symbolic value and addressed the challenges of practice through its preparatory, updating and reactive functions. That training could be viewed as a bureaucratic exercise highlights the dangers of educational activities that are not seen as directly relevant to practitioners. Practitioners valued training which evoked or helped them make sense of their practical experience and knowledge of practice.

The chapter now moves on to discuss the dynamics of these processes in terms of their invitational qualities – what Billett (2004) refers to as affordances for learning – to describe the character of the support workers' learning as participation.

5.3. Affordances for participation

The concept of co-participation described in chapter two highlights the way in which workplace practices invite or restrict a practitioner's engagement in participatory opportunities. Affordances to participate are shaped on the basis of

a number of factors such as work role, hierarchies, group affiliations, personal relations, workplace cliques and cultural practices (Billett, 2004). In the interviews, participants described settings or roles which offered a dense range of participatory opportunities and those that did not. They described the restrictions of access to some participatory opportunities and how others invited participation, but limited the fullness of engagement. However, the participants' descriptions of affordances were much more nuanced than access to, or restrictions in opportunities. Affordances were shaped by relational dynamics, identification and often were negotiable. The dynamics of affordances for participation and how they influenced learning will be discussed in the following sections.

5.3.1. Practice density

Beginning her career as an HCA, Agnes worked on a psychiatric ward. This was a busy environment. A lot of different things could happen in a single day. Agnes was required to perform a variety of tasks. The number and variety of service users exposed her to a range of different issues. As a result, this setting provided her with access to large number of participatory opportunities and experiences which fostered her learning. In participant accounts, dense settings – those with a large number and range of participatory opportunities, service users or events – afforded access to learning experiences. While a psychiatric ward serving acute mental health problems had purposes and a service user group that made it dense with participatory opportunities, other settings appeared rather more thin.

‘Thin’ settings offer fewer opportunities to participate in activities that lead to learning. For example, unfamiliar with epilepsy, Wendy had few opportunities to develop skills in managing seizures because they happened relatively infrequently. Similar effects were noted by participants who have little opportunity to practice skills developed in training sessions. Capabilities developed in courses on sign language, developing person-centred plans or administering medication, faded without an opportunity to apply and practice them. Consequently, some practitioners contrived opportunities to use their skills. For example, Maya and a colleague met to practice sign language while Jenna asked colleagues to quiz her on the mental health act.

While workplaces could be discerned in objective terms as dense or thin by, for example, identifying the number and range of participatory opportunities or frequency of events which provoke learning activities. Participant perception is relevant here. As Maya, Jenna and Wendy’s examples suggest, the perception of density or thinness was related to the participants’ learning needs – their construal of the participatory opportunity is a significant factor in its role in learning. Finally, participants in their attempts to meet their learning needs would try to access particular participatory opportunities. This will be discussed next.

5.3.2. Access and brokerage

Participants described the varying conditions of access to participatory opportunities. Corinne’s story below demonstrates the range of factors shaping access.

Box 10

Corinne has been finding medication issues difficult. She does not know what certain drugs do. She struggles with spelling and pronunciation. When the team discusses medication she switches off. She wants to participate more actively in conversations but can not because she does not know enough about medication. Discussing this situation at supervision, a medication course is identified in the training book. She was uncertain if the course was right for her because it seemed to be aimed at registered workers. The manager approved her application because the training objectives met the goals of her role with clients.

The box above illustrates a number of themes in access. First, affordances are shaped by the interaction of participatory opportunities – access to training was dependent on access to supervision. Second, the circulated list of training courses reflects a limited range of possible participatory opportunities. Third, for Corinne, like other workers, access to the opportunity was tightly controlled. It was regulated on the basis of the goals of her role and not to broader career development goals such as a role the support worker hoped to move into.

Access depended upon organisational resources to fund attendance or backfill. Access to training courses, special or non-routine activities, supervision sessions or appraisal meetings which could give rise to learning activities could be limited by insufficient resources. Workload, insufficient staff to provide cover or lack of funding were often given as reasons for lack of access. This could be a point of frustration for practitioners who pursued training opportunities or nagged their managers to go on courses. Limitations were frustrating:

"I have asked for different training courses, but the situation is met with 'oh we're not funding that at the moment, or there isn't a course, or you're not doing that'." (Beth)

To return to Corinne in Box 10, concern that the course was for registered workers reflects the way in which some training (and more broadly, participatory opportunities) were only available to certain staff members. Sometimes restrictions were related to particular skill or training requirements and at other times, underlying reasons were not clear to participants. Participants could be ambivalent about these limitations. Sometimes, support workers had no interest in the tasks carried out by registered worker as they did not reflect what they valued about their work. 'Professional' roles or tasks were associated with excessive meeting attendance, paper work, staff coordination and office work. These practices were detached from the close work with service users that was so central to what support workers found satisfying about the work. As such, the lack of access to many of the registered workers' activities was seen as not problematic. On the other hand, support workers also associated limitations in access to particular meetings, courses or study leave entitlements with their low status or a sense that their skills were not being acknowledged. Zoe for example highlights the ambivalence of access. On one hand, she resists extending her role into more sophisticated tasks but on the other feels she is seen as a 'dogsbody'. She feels that unlike registered nurses, her training needs go unattended to:

"I don't think any HCA gets the right; not the right training; I think they're very much left to get on with it really sometimes."

The gatekeepers – managers – brokered access to participatory opportunities and tasks. However, access was something that appeared to be negotiated between support worker and manager. This will be discussed in section 5.3.5 but first, engagement in participatory opportunities was much more nuanced than access or otherwise but involved varying degree of participation.

5.3.3. Fullness of participation

The term ‘full participation’ refers to the extent to which the individual is engaged in the full remit of the competent practice of a particular participatory opportunity. It has resonances with Lave and Wenger’s (1991) legitimate peripheral participation (LPP). In Lave and Wenger’s (1991) terms, the fuller the individual’s participation, the greater their level of competence. Although Lave and Wenger discussed LPP in relation to newcomers, the term is also applicable to old timers who do not engage in the full remit of a participatory opportunity. The participants described the different ways in which the fullness of their practice was shaped. Their autonomy was limited as suggested by situations in which they were asked to write but not sign reports, permitted to collect information about a service user but not conduct an assessment or deliver medication but not actually place it in the dosette box. Such curtailment could shape the nature of learning as well.

Box 11

Maya was discussing a service user’s mental health issues in a team meeting. Basing her opinion on her mental health background, she expressed a view about the situation. A team leader responded in a way Maya found dismissive: “Well,

rather than just speculate when we don't really know what we're talking about, we'll get Fredrik [the psychiatrist] in". Maya felt rebuked and humiliated. She felt she had spoken 'out of turn.'

Although Maya could attend the team meeting, the fullness of her participation was curtailed limiting her opportunity to participate in a problem solving learning activity. Participants shared similar experiences. Contrasting experiences of shadowing were given with some encouraged to ask questions and take on a hands-on role which provided a deeper understanding of, and feeling for the role compared to those who were confined to a silent role as observer: *"ignore her – she is just visiting"* (Maya).

Some participants were aware that there should be limits to the fullness of their participation. They minimised what they would say in meetings or limited their involvement to certain activities. For example, Corinne conducts internet searches and is engaged in university study relevant to her practice. However, she constrains herself from speaking from that experience because she fears that *"I'm going overboard"*. What is being described is the modulation of the fullness of participation in participatory opportunities. This means that participants limit their opportunities to discuss issues relating to their learning needs. This can also limit the contribution these participants could make to the learning of their colleagues.

Participants found that their participation could be extended by managers who encouraged them to take more of a leadership role. Leadership roles provoke

learning activities such as reviewing and planning, engaging in trial and error or the need to develop new skills such as those relevant to group facilitation.

Corinne's manager asserted that she should speak up more in meetings, an act which led her to engage more fully in discussions and feel like her team was a place where she belonged and was valued. Other managers used group facilitation techniques to ensure all workers could contribute without fear of criticism. For example, Debs' boss used discussion techniques to depersonalise critiques of practice.

Expectations and norms of fullness of participation therefore has the potential to shape what learning is afforded by a participatory opportunity. It may be imposed by colleagues or involve self constraint. However, as the last set of examples suggest, fullness of participation could be extended under certain circumstances. The negotiation of participation will be discussed in section 5.3.5 but first, the impact of the formalisation of affordances for participation will be discussed.

5.3.4. 'Formalisation'

Participants often referred to a lack of supervision, appraisal and relevant training. Their accounts present a paradox because many also described opportunities for such activities - a manager's open door policy providing opportunities to talk an issue through, chats in the lunch room or a training opportunity which coincides with their needs. However, such affordances were opportunistic and easily lost. Participants described the need for a formalised system to ensure their supervision and training needs were met.

The first issue of formalisation is related to supervision and appraisal. Managers and managers who could be approached if needed were valued. However, participants wanted regular and set appointments for supervision and appraisal to ensure they took place and were given time. Agnes, for example, attributes her inappropriate grading not on her manager's lack of awareness of her role but to a lack of a formally scheduled appraisal:

"No they do, they do know how we work, they do know that we put a lot of effort into it, and they give us the praise for it, they just don't give us the appraisal! If I had had an appraisal done a couple of years ago, I wouldn't be still on a band 2, do you know what I mean?"

Second, mandatory training ensured that key competencies such as back care were taken seriously. As importantly, mandatory training for support workers emphasised it was as important that they, like registered practitioners, should remain up-to-date. Formalisation conferred the symbolic value of training discussed in section 5.2.3.

Third, set times for staff meetings or 'debrief sessions' ensured that relationship building and mutual support as well as learning activities such as problem solving or group reflection became routinised. These routines could spill over into everyday working practices. For example, Ingrid linked a strong team ethos to regular debriefing sessions. Such an ethos no longer existed:

"... you're just tight, and that's through I've found, our debriefs, we made them that, you know? Okay, if you don't want to say

anything or you felt that you cocked up today or something like that, rather than be judged, we've supported you, and we felt it made it, it made it so much better, whereas now, everyone, they either won't say nothing, they either feel that if they do say something it'll be held against them or taken further so they daredn't say something ..."

Fourth, formally discussing an issue with colleagues and managers at a staff meeting or supervision can sanction or crystallise learning into a new protocol for practice. An absence of formal discussion can mean that issues are not disseminated or agreed. For example, encountering an unusual seizure in difficult circumstances, Wendy wanted a formal staff meeting to establish what to do in a similar situation:

"I'm surprised it wasn't brought up at a team meeting. And it was really just Mira and I sharing it with the others informally what had happened, and what we thought we could do thereafter, and everybody's really supportive when something like that has happened within the team. I don't think there's anything that's been done formally to change any guidelines because I think they're treating it as a one-off."

In conclusion, while it is not argued that policy and managerial monitoring automatically determine practice – enough staff were observed smoking under 'no smoking' signs to suggest this was not the case - formalising processes played a part in establishing their legitimacy, status and symbolic value.

5.3.5. Negotiability of practice

Negotiability refers to the extent to which participants were able to shape their access to, or the nature of, the participatory opportunities of the workplace. Two issues will be discussed. First, the limiting and enabling factors associated with negotiability will be identified and related to the participants' learning needs. Second, negotiability will be related to the broader issue of the way in which participants shaped their access to, or nature of, participatory opportunities so as to engage in activities that were more personally satisfying or meaningful.

Participants often wanted to influence the participatory opportunities available in their workplace to better meet their learning needs. This may involve support workers introducing 'debrief sessions' which would facilitate reflection, a buddy scheme to make support available or change the focus of a regular meeting to make discussion more personally relevant.

The limitations in the negotiability of practice originated from a number of sources. Some participatory opportunities were designed to meet a wide range of needs. For example, many talked about the generic training that was unrelated to their needs and how they could not influence what was offered. Similarly, team processes in which a majority or a dominant minority set the agenda could limit negotiability. Participants referred to team interactions in which the participant could not direct collegial attention to issues of personal concern leaving their learning needs unmet. For example, Agnes was particularly concerned about a service user's hygiene problems but found that her team members were reluctant

to address this issue. She did not know how to deal with this problem and wanted colleagues to help her figure out what to do. Participants also referred to rigid definitions imposed by matters of policy which determined which tasks they could take on. For example, delivering medication or care coordination were not accessible.

In contrast, participants did find that some practices were negotiable. Managerial flexibility was a significant factor. Debs described an inter-team meeting where the manager *“talks about the budget and this, and that, and the other.”* She wanted the meetings to focus more on support worker issues:

“It would be nice if we talked about what it is that we do cos we’re leading these things you know ... really kind of deflated and it’s an opportunity for us to get together and talk about what we’re doing, and the way that we’re supporting people.”

As a consequence, the meetings were changed to include more group discussion and presentations on issues directly relevant to the day-to-day aspects of support worker practice. For example, discussing the ‘Valuing People’ policy in terms of personal practice provoked information exchange, reflection and building an understanding of the associated values.

While managerial flexibility was important, negotiability also appeared related to support worker characteristics and organisational context as in the accounts in the box below.

Box 12

Maya

From her previous experience, Maya had developed skills in managing projects, conducting assessments and care planning. With the social work team overloaded, Maya's manager asks her to pick up some of the information gathering tasks carried out by social workers – it is a task she feels recognises her skills. The social workers complain about this erosion of duties but the manager stresses that they can not meet needs without delegating their duties. Maya, for her part, says the complexity of this role is tightly constrained and overseen by the social workers.

Zoe

Zoe is managed by a nurse. In an interview with the nurse, she refers to the HCA's she calls 'chuggers' - those who are best suited to basic work. The nurse also says she is lucky to have Zoe because she has the ability to take on more complex work such as phlebotomy which the nurses find they do not have time to perform. The nurse describes a meeting with nurses from across other services. They discuss what tasks HCAs could take on. Some of the decisions were concerned with HCA skills and knowledge. Some discussion established that things should not go "too far." Giving too much to the HCAs would devalue the nurses' work. They do not want to put themselves out of work, they conclude.

In the box above, both Maya and Zoe extended their role as a result of resource limitations and pressing service need. Both managers discussed the role extension with a wider reference group. In Maya's case, the manager's positional power is

used to override the social workers' concerns while the nurse appears to be working out what is most appropriate in relation to a peer-based reference group. In both examples, the negotiability of practices raises awkward issues of role erosion and status. Finally, the negotiability is provoked by the participant themselves in that they have skills which make role extension possible.

Box 12 above suggests the range of micro-political, skill-based and resource related issues involved in the negotiability of practice. However, it does not highlight the trade-offs involved in negotiability. Box 13 continues the account of Zoe's role extension to demonstrate the mutual adjustments made in the negotiability of practice.

Box 13

Zoe's manager wanted her to learn how to administer ECGs. As a nurse's task that falls outside of her job description, Zoe resisted taking on ECGs without an increase in salary. Also, a full time job offer had recently been withdrawn with no discussion leaving Zoe feeling resentful about management's uncaring attitude. Her negative emotions were piqued because her children had just started university and she wanted the extra income to support their studies. She decided to resist any more role extensions:

"I shall get on with my work, but I shall not ever, ever be the obliging 'good old Zoe' which I always have been."

A few months later, Zoe was offered a full time post and she was told she needed to help out with ECGs. Now with a full time role she felt she should be more

accommodating. Zoe agreed and underwent the training.

Zoe was taught to administer ECGs by another HCA. Zoe watched her at work before carrying out the procedure under observation. She received feedback ensuring the electrodes are in the right place and the machine is worked correctly. As the task demands such precision, Zoe insists that she should not go out alone until she has mastered it.

Zoe's example presents a mix of negotiable, non-negotiable and compromise. Zoe resists the learning opportunity of administering ECGs, as it falls outside of her desired and designated role. When she is offered a fulltime post, she feels able to compromise on the undesirable ECG. However, the standards to which she administers ECGs is non-negotiable and is a participatory opportunity that opens her up to the learning activities of observation, feedback, practice and repetition.

Negotiability and personally meaningful activity

The second theme relevant to negotiability related to the way in which participants attempted to shape their roles around, or gain access to participatory opportunities congruent with their interests, skills and aspirations. The significance of this negotiation was discussed in chapter two, where it was argued that involvement in a particular type of activity implies, requires or invites the expression and giving of material form to a particular identity (Giddens, 1991). Thus, participants described themselves trying to negotiate a practice through

which they could express particular skills as in the case of Maya in Box 12.

Others wanted to negotiate a practice relevant to issues they felt were personally important. For example, Beth's desire to be a care coordinator again was closely connected to her desire to express a skill set and demonstrate the extent of her capability. Some concerns were not even related to the role but nevertheless were extremely important to the participants. Zoe's need to support her children at university was a case in point.

When negotiability is limited, participants describe themselves disengaging from practice. For example, Uja felt bored with his role. He occasionally has the opportunity to try something new such as an archery session through which he was surprised at his ability and enjoyed the trial and error of learning how best to support people in this activity. He wanted more of such activities. However, most of his time is taken up with a gardening group which does not stretch him at all. He has a vision for a gardening business which has been repeatedly blocked by management. He describes himself "going through the motions" in his work:

"I am really close to leaving now, and it's because ... I'm not sure ... I'm confident in my skills with the service-users, I'm not really sure that I'm always allowed to run with those skills. I think maybe my free thinking doesn't necessarily fit in with what the Council want ..."

Gardening presents no challenge and therefore, no further opportunity for learning. He is unable to negotiate a different role, is working beneath his level of ability with little chance to try activities beyond these. Describing himself as

‘going through the motions’ suggests an unengaged enactment of practice akin to Wertsch’s (1998) reference to mastery. Contrasting the mastery of gardening with archery with its engaged surprise and trail and error, suggests a position of appropriation in which he is making the activity his own.

Therefore, negotiability and access to participatory opportunities not only has a role in enabling participants to meet their learning needs but also has implications for identification. Identifying with a participatory opportunity gives rise to engagement in the activity fostering the conditions for learning. Identification has a role in the individual construal of learning affordances. Identification will be discussed in much greater depth in chapter six.

5.3.6. Relationship quality

As discussed earlier, practitioners developed their understanding about practice through engaging with other people. Participants stressed the importance of building relationships - of having colleagues to talk things over with, share difficulties and who are open to questions. They valued relationships where they felt supported, could trust the other and discuss things in depth. Strong work relationships with a long history of mutual understanding appeared to extend the participants’ capability. The relationship becomes a source of knowledge, a space for reflection and rejuvenating support. There were three relational dynamics that shaped affordances – intersubjectivity, supportiveness and factions.

First, practitioners with considerable experience together develop an intersubjective capacity through which they can tell from a simple glance, expression or phrase what the other is thinking:

“... we were tuned in because if there was a lady on the ward that was kind of inappropriately dressed ... he'd look at me and goes 'sort it', and he didn't have to say, he says 'Beth sort it', and I knew what he meant [...] I was tuned in to what he thought.” (Beth)

Intersubjectivity brought with it the satisfaction of being able to respond quickly to an incident by knowing a colleague's intentions. Intersubjectivity extended personal capability – someone to take over if needing a break from a demanding service user or who, anticipating a difficult situation, positions themselves ready to assist giving the confidence that someone is “watching your back” (Jenna).

Wendy explained the efficiency of knowing your colleague's thoughts:

“... you just look at each other and it's like you almost both go to do the same thing without even discussing it because there's not that much time.”

The significance for learning was that learning activities like problem solving, reflection or information exchange could occur at depth without discussing background context. For example, Wendy describes how sharing a success requires someone who understands its significance:

“... so if you’re saying, ‘well somebody actually got eye contact and they smiled at me today, I have been waiting for that for weeks’ what’s it mean to somebody outside?”

Intersubjectivity also included the extent to which practitioners felt that they were working towards the same ends. Practitioners explained that knowing they shared a philosophy with their colleagues or had the same goals meant that the disagreements of problem solving or planning and reviewing could be weathered and as such, supported the frank discussions that could support learning.

The second relational dynamic - collegial supportiveness – features across the literature on workplace learning (see for example, Eraut, 2011). Supportive relationships were those where colleagues:

- invite questions,
- do not make you feel stupid for not knowing something,
- have a non-blame attitude to mistakes,
- take time to inquire after your ability to cope with work tasks,
- acknowledge any distress or difficulty being experienced in a way that is constructive and not a reflection of inherent inability and,
- are available to talk personal issues through.

Supportiveness enabled relationships where asking questions, solving problems and trial and error was invited. The expression of concern – for example, taking time to have coffee with a worker or a regularly scheduled debrief – fostered reflection:

"Yeah, she'd just ring you, you know in the middle of your day, and say 'how you're feeling today, haven't spoken to you for a couple of days, is everything OK'. [...] I'd say, 'yeah, not too bad or had a bad day yesterday', and she'd say 'oh, do you want to meet and have a coffee and talk about it'." (Debs)

Debs' goes on to explain that this concern encouraged her to engage in learning activities such as discussing problems or reflecting on her practice.

Third, the participants suggested that their organisations were not made up of coherent cultures, but like Trowler and Knight (2000) suggest, consist of a diversity of groups each with the capacity to develop unique mini cultures. Many participants discussed the cliques and factions in their workplace which formed the locus for differing conceptions of practice. Factions formed around job roles such as the support workers, the managers and 'the professionals', with disputes over who best understood the service users. The medical and social care factions differed over the definition of service user needs. The 'old school' workers and the younger ones disagreed over person-centredness in issues such as authoritarian relationships with service users. Not that factions were referred to as such. Maya for example, referred to a group of social workers who made unpleasant comments to her as the 'coven in the corner.'

Factions provided a contoured relational landscape of different approaches to practice. Factions provided a group of like minded individuals practitioners could identify with. Debs, for example, distressingly criticised by her older colleagues

for being too weak, found reassurance with younger colleagues who regarded her 'weakness' as an open-minded, person-centred approach. Factions then offered the learning advantages of like-minded support and intersubjectivity discussed earlier. They presented as places with a shared vocabulary or perspective. For example, Jenna, in the midst of an ongoing conflict with a nurse accessed support through a close knit group of workers who would support learning activities such as exchanging information about similar experiences and supporting the reflective work of interpreting an experience.

In negotiating alignment, the faction also creates a critical mass of opinion to support an individual determining what needs to be learnt – as was the case, when a team put pressure on a colleague to be more flexible. Factions restrict the flow of information containing interesting work opportunities to one group limiting available participatory opportunities. Factions could even actively subvert colleagues. For example, because Ingrid thinks that Mick is negative and says inappropriate things to service users, she and her colleagues emphasise to service users that they ignore him. She was observed saying to a service user:

"I said what do we do? We don't listen to Mick, you know ..."

Relationship quality was a significant affordance for participation with intersubjectivity and supportiveness potentially offering an important positive effect. The natural manifestation of such relationships appeared to be factions which, in addition to providing a site for identification with like-minded practitioners, have the potential to support learning. However, they may also have the potential to create an unequal distribution of participatory opportunities.

5.3.7. Conclusion to section

The previous section described multiple learning activities arising out of engagement in a range of participatory opportunities. This section described the dynamics of practices which invite or “afford” participation that can lead to learning. Six affordances were described – practice density, access and brokerage, fullness of participation, formalisation, negotiability of practice and relationship quality. The nature of these affordances depended on the purpose of the setting or participatory opportunity, the service user group, support worker characteristics, organisational resources, managerial flexibility, whether or not participatory opportunities are tailored or focused on serving a large population (for example, generic training), the influence of reference groups including fears of role competition and erosion, factions, organisational policy and skill requirements.

The significance of particular affordances appeared related to the support workers’ personal construal or relevance. Also, the significance of the negotiability of practice appears much greater than the desire to meet learning needs. Affordances enable acts of identification. The nature and dynamics of construal and identification will be discussed further in chapter six.

5.4. Newcomers

Having discussed learning activities, participatory opportunities and affordances, this section explores these factors in relation to the newcomers’ induction period. Induction is focused on helping newcomers understand their role and can involve

specific training sessions, a probationary process, shadowing, support from colleagues and supervision. This induction process could take weeks or months. Grace's story below illustrates a number of induction processes shared with other participants.

Box 14

Grace's first few days were spent reading service user notes. Without having met the service users, the notes did not mean much though re-reading them months later, they made more sense. She then moved on to observing practitioners at work - *'tagging along as extra staff'* and *'sitting in'*. Within weeks, she was assigned to assist other support workers at work and was working directly with service users. She was not permanently allocated to any one group or activity but tried different things. In supervision she discussed her progress. Through discussions of her preferences and performance, she was assigned permanent activities and she explained that *"if I'm enjoying them I'll be putting more in and therefore so service-users are getting more out."* She begins working with the "easier" service users.

After a few weeks in post, Grace attends an induction course. The course illuminates service users' behaviour, widens her concept of abuse and changes her handwashing habits. A few weeks later she can not remember much of what was covered.

As time moved on, she starts contributing to plans for group sessions. Through lunchtime conversations or a quiet word in her ear while working with a service

user, colleagues offer Grace advice such as strategies for managing aggressive behaviour or dealing with a person with Tourette's syndrome. Through her attendance at staff meetings she learns about specific service users too.

Over time, her mannerisms change. Grace becomes less 'PC', minding her manners less and being herself more. She is pleased when her manager tells her she is fitting in. She knows her service users better and they accept her more, choosing to come to her with issues - *"You are not a new person any more. You are just part of it."* Comparing herself to colleagues with specialist cooking or musical skills, Grace wonders how she will fit in and what she has to offer. She compares her service user relationships with the authoritative manner of more experienced colleagues. This kind of relationship will be inaccessible until she is older and has much more experience.

Grace learns to manage service user relationships. Aggressive or rude service users emotionally hurt her but she learns to understand why they are that way. She wants to become more assertive:

"I've got to really learn and really sort of push myself to not be a pushover, because I don't want to get trampled on. I do want to be respected as much as I want people to like me ... I have to change and be a bit tougher [but] ... certain things go against the grain."

She experiments with a more assertive manner in her own life too arguing that if she can speak up for service users' rights at work, she can speak up for her own as

well. Successfully confronting a difficult friend shows her that she can be assertive and that she is 'growing up.' Despite this, she is disappointed when her manager does not seem to have noticed and tells her to take the initiative more.

By her fourth month, Grace was leading group and one-to-one sessions starting by filling in for and adapting the regular leader's routines. By her last interview, Grace was planning sessions by herself.

Grace's story will be returned to throughout this section. It will be argued that her induction involved multiple participatory opportunities working in an interactive fashion. It will also be argued that the newcomer's induction is not ad hoc but a carefully structured process of progressive responsibility.

First, Box 14 suggests that Grace engaged in a number of participatory processes identified in Table 7. She used 'artifacts' in her reading of case notes and 'observed' other practitioners in action. She had opportunities to 'work with service users' shortly after starting and her understanding of them was supported through 'interaction with colleagues' including attendance at staff meetings and conversations while at work. Through 'supervision' she identified the work that suited her best. 'Formal in-house training' covered topics such as service user conditions and procedures.

For newcomers like Grace, their development involves multiple participatory opportunities working in a mutually reinforcing fashion. Reading case notes helps the newcomer understand their service users, but they do not fully make sense

without contact with the person in question. That is why participants would typically return to the notes after hands-on experience. Observation and assisting at sessions is complemented by supervision which identifies the practitioner's niche and talent. Similarly, participants suggest that induction courses are best attended after working in the setting:

"I wish I now had the induction again, knowing what I know now, because I don't think I necessarily always ask the right questions ..." (Maya).

Similarly, Wendy found that attending induction with experience of the service users gave her:

"... a feel of the people before I went on it, whereas I think if I'd have just gone straight into induction, I wouldn't have had a clue what they were talking about".

Although newcomers engaged in multiple participatory opportunities, working with service users and alongside colleagues appeared to have the most profound impact. Much learning and increasing confidence arises out of working with service users and interacting with colleagues. Newcomers were given little in the way of preparatory knowledge before starting work. Learning from in-house training or case notes seemed to easily fade compared to the visceral nature of working with service users. As such, the newcomers' learning reinforces the support worker's capability as resting on practical experience and knowing the service users well.

Second, the participatory practices that make up the newcomers' development trajectory do not work in an ad hoc fashion. The newcomers' trajectory was structured by engagement in authentic and increasingly sophisticated modes of practice. This process can be described as progressive responsibility (see Figure 6).

Figure 6. Progressive responsibility

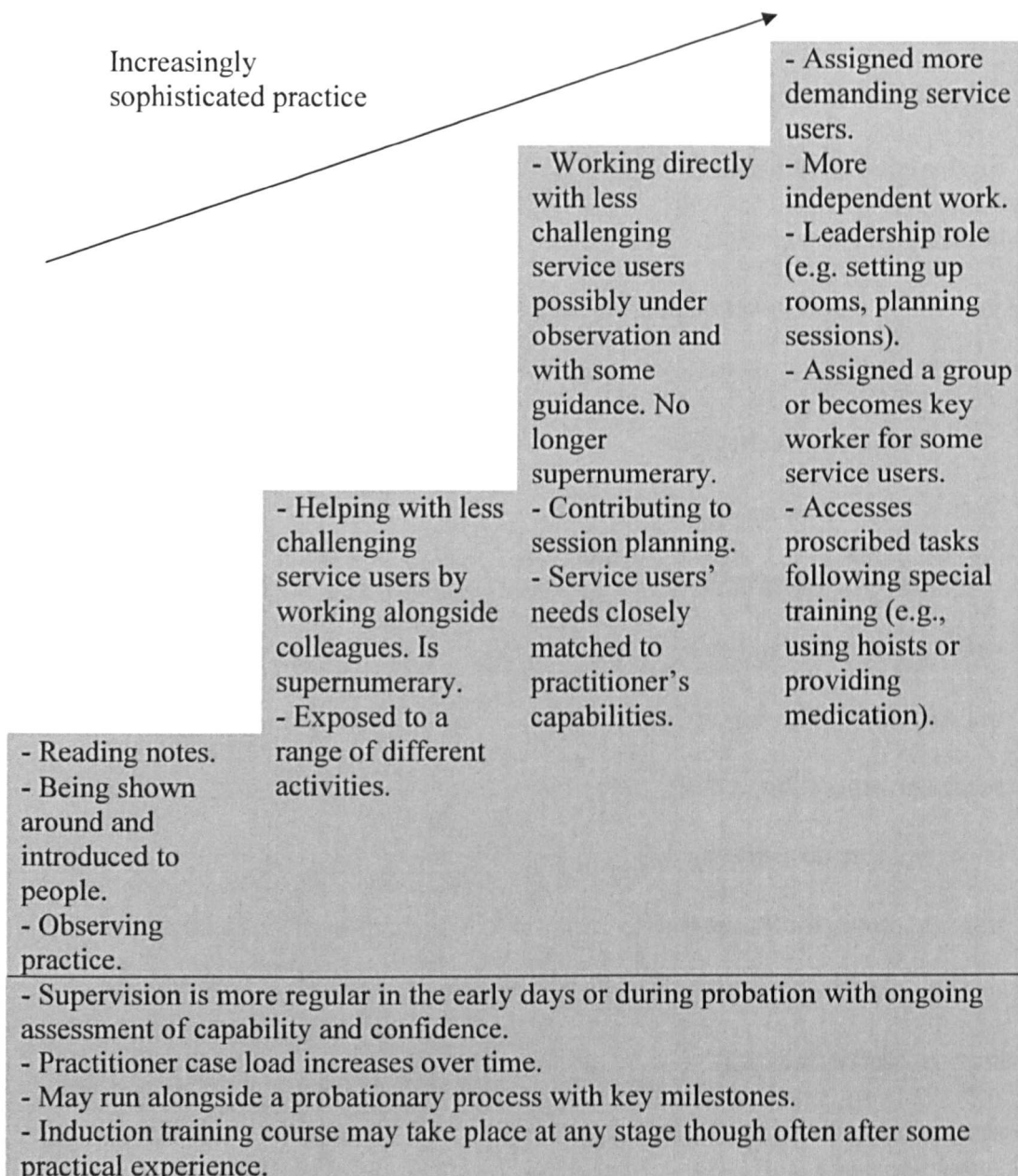


Figure 6 shows that the newcomers' engagement with their colleagues and service users changes as they move from observer to helper to co-participant and finally, in some contexts, leader. The 'fullness' and sophistication of the newcomer's participation changes as his or her understanding increases, a process which resonates with Lave and Wenger's (1991) legitimate peripheral participation. This model is fundamentally about the changing character of participation. How did the affordances for participation described in section 5.3 shape the participants' participation? This will be discussed over the next three sections.

5.4.1. Negotiability of practice

Participants' progression was determined by growth in their capability and confidence. Freya described how her initial responsibilities reflected a low level of knowledge. Inexperience was accepted and accommodated:

*"When you finally find your feet you've got more responsibility
[...] You got responsibility within the job and they expect you to
take the responsibility. They don't expect you to know
everything when you first start because you don't know nothing a
lot of the time."*

Carefully controlling progression was not just a matter of knowledge and skills. The newcomer had to learn to project a confident persona so that service users would feel confident about the service they were receiving. Zoe explained:

*"They've got to the very basic stuff, because it's got to be hasn't
it, cos you don't want to do anything wrong, because they will*

knock your confidence, and the patient's confidence, and the patient won't want to see you."

With progression predicated on confidence and capability, managers needed to assess readiness for more sophisticated tasks. Colleagues may also be charged to watch the newcomer's progress and report back to management about how well they were dealing with the work. Grace notes that regular supervision was helpful for such assessments:

"... it was good having that supervision so tightly together in the early days, because at least you could say 'Well yeah, I'm getting; my confidence is getting okay' and that, and there wasn't really any pressure to do anything until you felt right to do it, which helped a lot."

Grace's experience of not progressing until she was ready reflects Billett's (2008) observation that people agentially negotiate the scope of their development. For example, returning from a course on dysphasia but feeling uncertain about her ability to feed others, Wendy determined her developmental trajectory:

"I just came back and said 'Right, can I just have one individual to feed for a week and get used to them?' and initially I just said 'Look, let me watch another member of staff do that person for a few mouthfuls before I start', so, but then that's my way of learning I think. [...] Yeah, and then once I've done sort of a week with one, then I'd go on and do another, and I'd also ask

colleagues, like who were the simplest ones, so I could start with them and then work up to the [poor eaters].”

The extent of such pacing may be limited as newcomers may be pushed to progress. Grace notes the encouragement which built her confidence:

“I held back when I could do have done things, because I didn’t feel confident, but then actually being pushed to do them makes you feel more confident, so ‘yeah’ like what I was saying about the supervision I wasn’t really putting my ideas forward, but then when someone said to me, ‘come on we want to hear them’ that gave me the confidence to say ‘right I want to do this, I want to do that,’ so ‘yeah’ a bit of both really.”

This dynamic between the manager’s push and the practitioner’s pacing represents the negotiability of practice. As managers explained, there was a delicate balancing act between meeting the staffing requirements of the service and not overwhelming the newcomer with work that was too challenging.

5.4.2. Access, brokerage and formalisation

Participants noted the increasing formalisation of induction over recent years. Certainly, Skills for Care’s (2010a) Common Induction Standards set standards for new entrants, and the Health and Social Care Act (2008) requires the Care Quality Commission to enforce their delivery. Most newcomers were led through a specified and carefully structured induction programme which in effect enabled access to training, supervision and observation.

Although this formalisation appeared to shape the nature of induction, the careful pacing and staggering of complexity that made up progressive responsibility was not always achieved. Staffing shortages could truncate gradual easing in resulting in newcomers being given complex work very early on. Colleagues may also subvert induction by shifting too much work onto newcomers. For example, Uja was meant to be working under the supervision of a colleague but was left alone with the service users. He was puzzled and overwhelmed by their behaviour:

"I've now got somebody who's erotically fixated with sugar and flour and over here is a lady who's pulling all the sanitary towels off the ... Oh my God. But when I started to feed this back to my senior that 'you're telling me he should be shadowing me; he's just dumping me in the middle of places. This isn't safe.'"

Similarly, a formal process requiring supervision does not ensure it will happen. Maya's manager completed the forms for each induction milestone in one meeting at the end of the process. While Maya felt comfortable with this subversion by seeing it as a reflection of her experience, it appeared to undermine any attention to her needs as a newcomer. For example, she was left alone with a group of service users:

"There were people that were, I later found out, that were high abscond risks and one who was known to be aggressive to people in wheelchairs, and we had two people in wheelchairs in that room, and I didn't know that. I thought; I didn't personally

feel at risk; I just thought it was extremely risky for the service users in there.”

For Maya, making adjustments to acknowledge her experience needed to go hand-in-hand with a careful understanding of her service users and her position in the team. As Thomas et al., (2008) argues, even for experienced practitioners, starting a new post involves a range of different types of newness - different levels of autonomy, approaches to line management, team working style or changes in context and culture. Even the most experienced need support to understand how their new organisation works.

Despite these subversions, access to some activities was restricted. Activities such as administering medication, feeding service users or using hoists were inaccessible without specific training. As service users with such needs were also likely to have other complex needs, such restrictions could confine newcomers to less challenging service users.

5.4.3. Relationship quality

Collegial interaction supported the newcomer's learning. Supervision or discussion with colleagues offered newcomers access to guidance and interpretations of service user behaviour. Maya, for example, was acutely aware that much knowledge of the job was embedded in day-to-day relationships which she did not possess – she did not know “*who to approach about what and how.*”

Some colleagues were aware of how difficult health and social care work could be. Grace's manager discussed ideal collegial support as offering both practical guidance and a sympathetic nature:

"... you have to try and evolve a sense of security so they're not going to, like I say, run screaming out the door."

The need for advice given with an appreciation of how a newcomer may feel shocked, saddened or overwhelmed by their first experience of support work was a recurring theme. Agnes for example, developed a long standing hatred for a colleague who lacked the interpersonal skills to deal with distressed practitioners:

"I was always crying, and I remember this day I'm standing in the staff room really crying and wiping my eyes, and this staff nurse walked in, a Filipino nurse, and she said to me, 'what are you crying for', and I said, 'oh, I was on one-to-one with somebody and I was listening and it was really sad'. She goes, 'mmm . . . you cry quite a lot don't you', and I said, 'well I get emotional, yeah I've got feelings'. 'Yes' she says 'well the thing is, if you want to work in psychiatry you want to buck yourself up' she says 'because you're not going to last 5 minutes' ... "

In the quote above, support to a newcomer was lacking because an experienced practitioner lacked an appreciation of the challenges of the first days in the post. For this reason, Grace found the presence of another newcomer a significant source of support because he recognised the emotional impact of early shocking experiences and could offer practical and emotional support.

In addition to understanding how to 'do' the job, participants also worked to develop relationships and fitting in with peers, a concern identified elsewhere (Black et al., 2010). Some participants described their induction as involving mindful attention and adjustment of persona – playing the early days as formal and polite as they tried to build relationships. For example, Corinne took care to form positive relationships. She was careful not to express too strongly her own opinions about how things should be done so as to convey that she was open to the team's ideas. She describes herself getting a feel for the team:

"I was just testing the water. I don't want to step on people's toes. I need to really [show] that I'm working with my colleagues because I'm a team player."

Establishing relationships involved taking care with language because different groups, and indeed, factions, have their own vocabulary. Shared meanings can not be assumed. Maya, for example, explains that she gets on better with those who share her background in health partly because they share a vocabulary. With other members of the team it was more difficult:

"Other than the fact that I think it's, it's difficult when you are first getting to know someone – to find that common unspoken language really about ensuring that we know what one another is saying and that informal grey communication where we assume we know what each other means by the use of the words that we use but interpretation of words and terms can be very individualised can't it?" (Maya)

As the newcomers progressed in the sophistication of their tasks, their relationships changed. Newcomer and experienced practitioner began to see each other as equals. As suggested in Figure 6, as newcomers progress they take on more work including the mutual sharing of ideas. Similarly, in supervision when probation was completed and newcomers were 'signed off,' the relationship with the manager became "*more two-way*" (Wendy). Participants could use their supervision sessions to provide feedback on and influence the practices of their workplace.

5.4.4. Conclusion to section

This section describes newcomers developing through a process of progressive responsibility in which they gradually increase the sophistication of their tasks. Progressive responsibility involves a number of participatory opportunities operating in an interactive and complementary fashion. Learning affordances are also evident. The negotiability of practice shapes the pace at which the participant takes on more challenging work. Formalisation shapes access to some participatory opportunities. The formalised induction process may be subverted which can at times, appear to reflect the newcomers' capability. However, subversion may also leave the newcomer feeling overwhelmed. Finally, access to experienced practitioners and newcomers through supportive relationships assists learning.

5.5. Conclusion

Learning for both newcomers and experienced practitioners is a multimodal process. It is multimodal in the sense that it consists of multiple learning activities supported by a range of work and learning-focused participatory opportunities. At times, these learning activities and participatory opportunities operate in a complementary and interactive fashion. This finding is significant for two reasons. First, chapter one described the anxieties associated with support workers as an “untrained” occupational group. Although training was part of support worker learning (and considered important), it did not represent the totality of how participants understood the development of their capability. Workplaces offer a number of participatory opportunities that extend the capabilities needed for practice. This extension represents support to meet workplace challenges in the moment and results in a legacy of enhanced capability. This suggests that the common remedies to poor performance such as more training are only one in battery of possible interventions.

Second, chapter four described the subjective and situational reconstruction of practice. This chapter presented a countervailing force in the form of the way in which participatory opportunities structured activity and secured a degree of alignment to standards, capability and particular goals. The ever present possibility of variations arising out of the personal construction of practice set against a desire for alignment highlights a dynamic which has the potential to provoke ongoing learning. Conceptually, this notion integrates the individual

focus of the subjective and situational reconstruction of practice with the social concerns of collective alignment.

Although work and learning-focused participatory opportunities were linked to the participants' sense of the three foundations of capability (practical experience, natural ability and service user knowledge), this does not imply that this is a distinctive property of support workers. There is a considerable amount of evidence stressing that registered practitioners also value learning through practical experience (see for example, Black et al., 2010, Eraut, 2009). This includes theoretical models emphasising expertise built up through extensive knowledge of multiple cases (Dreyfus and Dreyfus, 2005). However, this research does not compare registered workers with support workers though these findings suggest some similarities.

Workplace affordances were described as the way in which a practice shapes participation in participatory opportunities. Affordances were shaped by a wide range of organisational factors. These organisational factors did not necessarily operate in a deterministic fashion but participants negotiated their impact. They were able to influence the nature of their participation driven by a desire to meet learning needs or broader identificatory issues related to personal satisfactions, interests or aspirations. Given that participatory opportunities enabled individuals to pursue or express their interests, aspirations or goals, affordances for participation can be thought of in terms of identification. That is, an affordance for participation enables the expression of an identity through action.

As discussed in chapter two, learning within the terms of co-participation (Billett, 2004) does not just involve engagement in participatory opportunities. Individual construal and identification influences the way in which individuals engage with participatory opportunities. There is a need to better understand the issue of relatedness between personal subjectivity and participatory opportunities. The role of identification and engagement in practice will be discussed in chapter six.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Chapter 6 Identification and participation

In chapter five, Billett's (2004) concept of co-participation was related to the participatory opportunities available within a setting that offer the potential for learning. Chapter five went on to argue that workplaces exert influence upon practitioners encouraging alignment to a shared understanding, collective goals and standards of practice. However, Billett (2008) also notes that individuals are not helpless hostages to the social experience. They manage their engagement in the participatory opportunities of the workplace. Their engagement in the participatory opportunities available will depend upon how they are perceived by the individual.

This management of participation has been described as founded in the relatedness between the demands of the participatory opportunity and a number of personal characteristics such as personal values, beliefs (Hodkinson et al., 2004), past experience or personal development goals (Billett, 2008). This final findings chapter proposes two further dimensions of this relatedness. First, the participants' construal and engagement in participatory opportunities will be explained in terms of the relatedness between their temporal identification and the demands of their current circumstances. Second, construal and engagement can also be explained in terms of the individual pursuit of recognition.

6.1. Temporal identification and incongruence

This chapter argues that the character of an individual's engagement in a participatory opportunity (or constellation of such opportunities) is shaped by

their identificatory position. Before doing so, the following concepts and the way in which these were manifest in the participants' accounts will be discussed – i. iterational and projective identification and ii. congruence and incongruence.

6.1.1. Iterational and projective identification

In chapter two, it was noted that Emirbayer and Mische's (1998) conception of agency implies that the character of an individual's engagement can be interpreted in terms of past or future-oriented action. Agency may be iterational in the sense that it is oriented towards maintaining past or habitual patterns of thought or action within the present. Giddens (1991) notes that people are capable of reflexive action in that they can reflect upon and move beyond the constraints of past patterns of thought and action in order to establish alternative ways of practicing. Thus, as Emirbayer and Mische (1998) argue, individuals are capable of imagining alternatives to past actions, circumstances or patterns of thought. Projective agency underpins intentions focused on bringing this alternative future into being.

In chapter two, this account of agency was reframed as an act of identification. Giddens (1991) argues that an individual sustains their identification with their past and future through congruent patterns of thought and action in the present. That is, an individual may maintain congruence with an iterational identification by replicating past patterns of thought and action in their present circumstances. Alternatively, an individual may maintain congruence with projective identification through actions which attempt to bring about this vision for the

future. While ‘identity’ implies a finished product, the term ‘identification’ is used here to describe an ongoing process or activity.

These two forms of temporal identification were apparent in the interviews with participants. For some participants their construal of, and engagement in participatory opportunities reflected a projective identification in which they were pursuing personal goals or changes in workplace practice that were quite different from their past circumstances. To give an example that will be analysed in greater depth later in this chapter, Corinne’s choice of training courses and her enthusiastic engagement in a “professional meeting” reflected a projective identification that involved moving into a role as a social worker. She saw engagement in these participatory opportunities as a way to gain experience and understanding congruent with her projective identification.

Similarly, the participants’ construal and engagement could reflect an iterational identification. Much of chapter four alluded to this identification in its descriptions of the way in which the participants’ past actions were reproduced in the present work with service users. For example, Beth described the way in which many of the values, personal approaches and strategies developed when she was bringing up her disabled son were reiterated in her present work. Raising a son with a disability developed a deep sense of the importance of addressing injustice and unmet need which she could express through her current role with people with mental health problems.

Care should be taken not to oversimplify these modes of temporal identification. As Emirbayer and Mische (1998) argue, individuals maintain simultaneous orientations to both past and future. For example, although Corinne's construal of, and engagement in some participatory opportunities reflect a projective identification associated with her career goals, her engagement in other participatory opportunities reflect a strong identification with past patterns of behaviour. Her induction is a case in point. While facing the challenge of a new job in an unfamiliar organisation, she was able to remain in her comfort zone by initially negotiating familiar tasks which allowed her to reiterate past patterns of behaviour established in her previous role.

What this model of identification offers is a way on characterising the construal of, and engagement with participatory opportunities. A crucial part of this characterisation is that an individual's identification may be congruent or incongruent with the participatory opportunity. This will be discussed next.

6.1.2. Congruence and incongruence

Participants presented a number of episodes in which the norms, expectations and demands associated with a particular participatory opportunity challenged their identification. This incongruence may relate to skills or knowledge that had once been considered appropriate but were no longer suitable in current circumstances. Some referred to violations of expected norms of behaviour. For example, maintaining a strong iterational identification with her past autonomous behaviour, Jenna experienced incongruence with the demands made by a new senior member of staff who required a more deferential approach. Given that this

autonomy appeared to reflect Jenna's perception that she was highly experienced, knew what she doing and understood the service users, it was an iterative identification that was not readily abandoned. Jenna describes feelings of anger and confusion. She reports a number of what she refers to as childish arguments with the nurse.

Similarly, participants could also experience incongruence between the demands of the participatory opportunity and their projective identification. For example, in chapter five Zoe was described as hoping to get a full time job so she could provide financial support to her children at university. This aspiration – a projective identification associated with her sense of herself as a mother – was rendered incongruent with her current employment conditions which limited her to part time work only. In this situation, Zoe became resentful, inflexible and reluctant to engage in opportunities that would give rise to learning.

Participants found this incongruence uncomfortable and, as Giddens (1991) notes, were motivated to seek a state of congruence. This active process of forming, repairing, maintaining, strengthening or revising the constructions that are productive of a sense of congruence that constitutes identity has been termed 'identity work' (Watson, 2008). In addition to personal congruence between action and identification, participants' accounts suggested three identificatory positions related to incongruence:

- **Position 1: congruence** in which the individual selects and engages in participatory opportunities congruent with their iterative or projective identification. Engaging in a participatory opportunity with a sense of

congruence can give rise to learning as he or she willingly appropriates the meanings and practices of the group members.

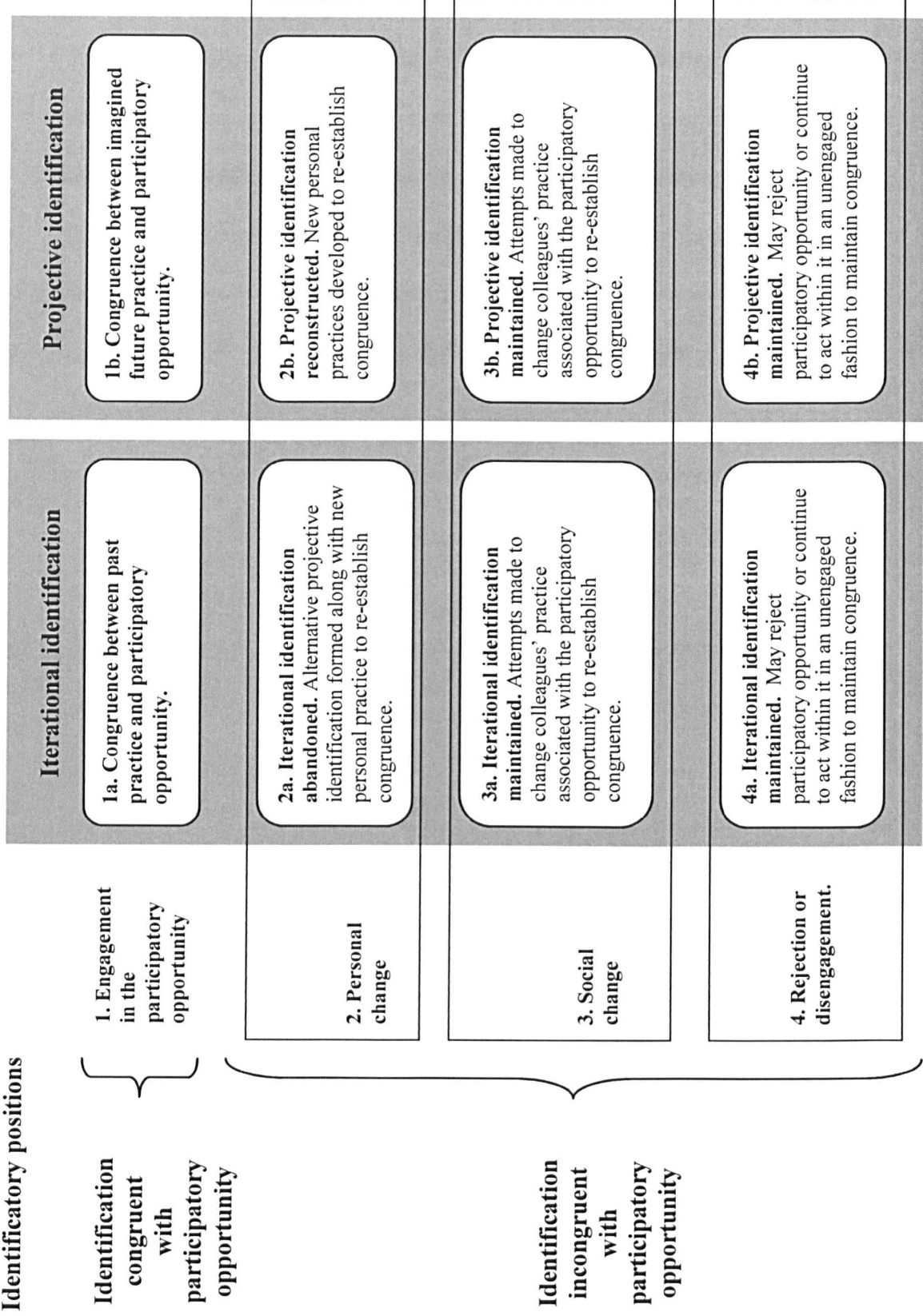
- **Position 2: personal change** in which the demands of the participatory opportunity provokes the abandonment of an incongruent iterational or projective identification. As a result, the individual establishes a new form of projective identification. This change may also result in personal learning.
- **Position 3: social change** in which the individual maintains his or her incongruent projective or iterational identification. He or she attempts to change the practices of others involved in the participatory opportunity in order to bring about some personal congruence. This position may result in team learning.
- **Position 4: rejection or disengagement** in which the individual neither changes his or her identification nor attempts to change the practice of others. He or she may remain involved in the participatory opportunity albeit in an unengaged fashion or decide to leave the opportunity or job.

These identificatory positions cover a range of circumstances. They include situations in which the participant has the option to select which participatory opportunities to engage in. For example, they may be offered a chance to go on a course or take on a special project. However, participants did not always have such choice and they may find themselves compelled to engage in some participatory opportunities which challenge the congruence of their identification. The nature of participatory opportunities also changed over time as staff members leave or enter, new service users arrive, policies are introduced or particular challenges must be dealt with. As the last three identificatory positions above

suggest, the participants may respond in different ways with some changing their identification, others trying to change the participatory opportunity and some disengaging with its activities or rejecting it altogether.

These four identificatory positions can be considered different approaches to identity work and can be used to characterise the nature of the individual's construal or, and engagement in, particular participatory opportunities. The four positions are depicted in the figure below.

Figure 7. Identificatory positions



The identity work involved in each of the four identificatory positions has implications for the individual's construal of, and engagement in, particular participatory opportunities. As implied by Figure 7, the practitioners' identity work could involve acquiescence to collegial expectations or demands. However, participants often described a process of mutual adjustment. Colleagues would make concessions in order to accommodate a particular individual and vice versa. For this reason, maintaining congruent identification was seen as something negotiated. The following four sections will discuss the participants' experience of negotiating each identity position.

6.2. Negotiating temporal identification

This section explores the participants' accounts of negotiating in the four identificatory positions identified in Figure 7.

6.2.1. Congruence (position 1)

In the broadest sense of learning as an act of participation, the participants' accounts suggest that the individual's construal and decision to engage with a particular participatory opportunity will arise out of its congruence with his or her projective or iterational identification. Furthermore, ongoing congruence with a participatory opportunity leads participants to feel enthusiastic and motivated about their participation which creates the conditions for learning. This section discusses the way in which participants negotiated congruence with iterational and projective identification before considering the phenomenon of collective projective identification.

Congruent iterative identification (position 1a)

Participants suggested that establishing congruence may start with the individual appraising their capabilities and considering applying for a particular role.

Sometimes the participants' friends and family suggested that their personal characteristics made them suited to the work. Others were 'talent spotted'. For example, Agnes was working as a cleaner on a psychiatric ward when a manager invited her to apply for a role as a healthcare assistant.

In effect, because certain roles imply practitioners with particular characteristics they attract people who perceive themselves as possessing the requisite dispositions (Hodkinson et al., 2008a). However, many participants entered support work from a range of non-health and social care backgrounds such as security work, office administration, reception, customer services, parenting, cleaning and institutional cooking roles. Even so, these participants had a strong sense of the relevance of their past practice to the role. Cleaning or cooking work may have been carried out with the populations served in the support worker role. Relevant experience may be mined from experiences with processes common to support work. Parenting was typically cited as relevant with participants identifying experiences with skill demands equivalent to that of support work. Uja, for example, explained that he understood the health and social care behaviour management concept of triggers (factors which provoke difficult behaviour from people) as a father even though he had never used the word before:

"I can pick up with my sons when things are getting a bit fiery with them and I know what things are going to fire them up more. I think the key word at work is triggers. But I don't see it as triggers, I just know that that would upset my son but it wouldn't upset my other two sons, so it's just a matter of trying to second guess whether something you're doing is beneficial or undoing the work you've done."

Customer services or retail involved 'people' work which developed generalisable capabilities. Raj explained how after driving a taxi and working as a cashier in after hours retail, he decided to put his communication skills and ability to understand people to good use as a support worker:

"My wife goes, 'listen you're good with your mouth and with people' cos again being a cashier you come across all sorts, drunkards, blacks, you're a cashier everybody comes ... again it's all communication. All based on communication, body language is the biggest one isn't it?"

This is not to say that working a till and providing care are equivalent tasks but Raj understood that the communication skills and practices developed in the past were relevant to the present demands of support work. Iterational identification also incorporated matters of morality and values. Lisa's Catholicism imbued her with values emphasising concern for others:

"I was quite implicated with this religious ideas, but nobody pushed me, that was my way, cos I like the idea. I like the idea to help people, of being nice to people ...".

After a change in personal circumstances, she realised she no longer felt comfortable with the church. However, in her personal life and through her work as a support worker, she continued to practice with a strong iterative identification with those principles:

“I probably try to replace this religion feeling with probably work, and my life around the corner in Sunnyside when I try to rescue everyone. Its not like rescue I really enjoy it, but I know that some people have a problem and I will go and visit them, or pay attention like this so I think it’s this strong feeling to have good moral quality, be useful for people who are probably have less luck in life like we have.”

For practitioners, such continuities represented their competence and suitability for the role. Sometimes they tried to maintain these continuities and like Raj, Uja and Lisa found creative ways to situate their past practice in their present circumstances. However, in order to relate congruence to the construal of, and engagement in, participatory opportunities, the participants’ identification needs to be considered in its organisational context.

Organisational responses to iterative identification

Organisations did not recruit expecting individuals to splinter off from their past practice. They recognised and incorporated such identification within their workplaces. After all, practical experience was recognised by practitioners as

legitimate preparatory experience. Corinne's induction below provides an example.

Box 15

Corinne was originally a customer complaints officer, a role which involved talking to customers on the phone, addressing their needs and dealing with anger and upset. She learnt not to be judgmental or take things personally and to manage stress. She had left this work to care for her father, a man who could be stubborn and argumentative but with whom she came to understand what was needed to help people to get support from government agencies. She developed skills in negotiating and securing cooperation from difficult people. After her father died, she took work in supported housing and then, as a social work assistant in mental health she developed a good knowledge of benefits.

Moving to her current role in a mental health team, Corinne saw herself continuing to work with people who could present as angry and upset. Once again, she saw the importance of being non-judgmental and not taking difficult behaviour personally. The skills in persuasion developed with her father were relevant to motivating people with mental health problems.

During her induction, Corinne's manager also recognised this experience. She was assigned service users with issues similar to those she had supported in her previous role including those with housing or benefits issues. Although Corinne had found it stressful starting work in an unfamiliar organisation which was

making a range of new demands on her, working with people with familiar issues helped her feel confident and comfortable.

Corinne maintains a strong iterational identification with her past practice and connects it to her current practices providing her with a congruent sense of continuity between settings. This continuity has been facilitated by her manager who selects service users that are relevant to her experience. In terms of Corinne's construal of induction, she is enabled to remain 'within her comfort zone' by taking on work similar to that performed in her previous role. Taking on familiar tasks before unfamiliar ones controls the sense of discomfort newcomers can experience. In doing so, her induction is a process of negotiating a position in a participatory opportunity that fits her identification.

Such processes recurred across the interviews. In the learning disability services, the newcomers' managers would expose them to a range of different activities in their first couple of months to discover which tasks best suited their backgrounds and preferences. Those with backgrounds in gardening, cooking or music were placed in areas relevant to their skills. So, just as Corinne was oriented to the new setting and enabled to practice with competence by connecting her current role to her past practice, the employer benefits from the unique skills the worker possesses and facilitates identification with practice.

Induction also incorporated a period of observation that preceded hands-on work. Observation could be organised to maintain congruence between the practitioner's iterational identification and the practices of the workplace. As a learning

activity, observation was intended to model and draw attention to particular features of support work. It could also demonstrate the diversity of approaches to a task and in turn, show that caring practice is best when it is tailored to each service user, as explained by Corinne:

“Everybody works differently and everybody, you know, because the local manager, who was here, advised that I start going out with each individual colleague here, so you go out with them. For me it was a good thing and I think anybody [who is recruited] within this kind of setting should be allowed to do that; that is something ongoing that we do at the moment, because then you find out that; I would go and see a client; depending on the type of client that person is, my level of engagement is going to be different to that person to another client.”

This approach to shadowing supports a pluralistic practice environment which provides space for diversity. It implies an understanding that quite different personal styles are appropriate affording the practitioners iterational identification and enabling personal congruence.

This suggests that managers attempt to support the practitioners’ iterational identification with their practice. In interviews, managers described their attempts to understand the practitioners’ background, building up an understanding through discussions during probation and in supervision. Other settings ran meetings where people were invited to surface their expertise so the team could work with these abilities. Eventually, a portfolio of work would be created appropriate to the practitioner. For example, one manager described himself developing something

like a ‘person-centred plan’ - a term usually describing the way in which services are configured around the needs of a service user – to mould the role around the practitioner. He went on to describe how understanding the practitioner’s background is necessary, balancing responding to the individual with maintaining the collective vision:

“Well I suppose you sort of inherit what you get (laughs) – so you have to over a period of time, try and unpick some of the bits of well why did you get to where you are now and what journey have you come through ... its really trying to understand each person’s journey and how they’ve got to where they’ve got to ...”

There are themes in this section that resonate with the accounts of subjective and situational reconstruction in chapter four. Participants’ explained that maintaining this personal connection to their practice was important to the authenticity and enthusiasm that underpinned effective care work. However, this does not mean that organisations would take sudden changes of direction to suit participants though. After all, cooking, gardening and music are staples of many social care services.

Projective identification and personal congruence (position 1b)

So far, the discussion has been concerned with iterational identification and congruence. The participants’ accounts suggested that iterational identification can incorporate a vision for the future when the individual imagines that circumstances will continue as they are. Some were content with their current

role, imagining a future in which they would continue doing the same in years to come. This created a sense of congruence based on a foreseeable continuity.

In contrast, some participants maintained a projective identification in which their future was different from their past circumstances. Paradigmatic trajectories may be a part of projective identification and illustrate the link with learning. A paradigmatic trajectory refers to the way in which the process of becoming over time has typical or model elements to it (Wenger, 1998). For example, the process of progressive responsibility described in chapter five was typical of a number of workplaces and could be described as a paradigmatic trajectory in which newcomers developed the ability to perform their role. Paradigmatic trajectories are embodied by experienced workers who are living testimonies to what is possible, desirable or expected (Wenger, 1998). For example, participant accounts incorporate projective identification in their descriptions of experienced practitioners who possessed capabilities they aspired to possess. In chapter four, for example, Grace comes to understand one paradigmatic trajectory when she aspires to be like Mai, an experienced practitioner in her team but realises that this will only be attained through age, length of experience and deep relationships. Her projective identification with this woman is congruent with her current practice as it will provide her with the learning experiences to get there. Similarly, other participants described aspirations to become 'a senior' and lead a team. They could see that other seniors had once worked in a role like their one and through their experience could progress.

Some participants aspired to different roles from the one they currently held. However, they could see that their current work experience was congruent with their projective identification. The box below describes Corinne's experience of negotiating a role that was congruent with her projective identification.

Box 16

Corinne wants to be a social worker. Qualified social worker status will certificate what she already knows and provide her with greater authority and autonomy. Although she has not entered a pre-registration programme she has been studying university courses that count towards the degree she is aiming for. In addition, she approaches her work as an "*unqualified social worker*", working with social work values and a social worker's mindset.

In her first interview, she expressed considerable frustration. Her social worker mindset and values were at odds with her more medically oriented colleagues. She had been trying to build a portfolio of experience relevant to social work but finds that some of her tasks do not fit this vision. She applies for in-house training courses relevant to social work but these requests are declined. These courses are not relevant to her current post.

In her second interview, she discusses a recent staff appraisal in which she raised her frustrations. Her manager agrees to accommodate her social work study in work hours. Her need for relevant in-service training and work experience will be supported. She is invited to a professional meeting relevant to her social work

aspirations and while she worries she will not have anything to contribute, a colleague assures her that she has a lot to offer. Corinne explains that this support and positive feedback about her ability to become a social worker, led her to work with more energy and commitment:

“... you know when you're doing something and you get that acknowledgement or you get feedback that you're doing well, or you get that support, it kind of motivates you to want to do more ...”.

At the fourth interview, she reports that her application to the local authority for support to register for a social work programme has been unsuccessful. She has not been in post long enough. She is determined to try again. So much of the application process resonated with her study and work experience but she was knocked back on a technicality.

At first, the participatory opportunity of Corinne's role lacks congruence with her projective identification with social work – she is not gaining enough relevant experience. However, through discussion with her manager, she is able to negotiate access to relevant participatory opportunities which have the potential to move her closer to her desired pre-registration study opportunity. Projective identification that is congruent with her practice is what generates commitment to, and energy for her post.

Collective projective identification

As with iterational identification, the participant and manager attempted to find congruence between their projective identification and their practice. Just as

managers are intrinsically interested in an individuals' biography in that it is implicated in their competence and commitment to the role, they too appear have an interest in their future. In discussions with staff, Maya and Lisa's manager explores:

"What are your dreams and aspirations and where do you want to be in 10 years time – and how does this service, how can this service help you if you like ..."

In this quote, the manager describes the individual's future and the organisation's practice as intertwined. More than this, the manager is proposing that the organisation is a vehicle for individual development and inviting the kinds of congruence between projective identification and practice experienced by Corinne.

This connection between the individual and the collective appeared to be a particular concern for managers. This was manifest in two ways. The first was the effort given to facilitating a sense of collective endeavour. One manager described a process which appeared both democratic and yet personally challenging for those who are too different:

"... if we're collecting a shared vision – and someone has a completely different vision of what the role – and what the service should do – then that's a challenge, and it depends on them – as to whether they want to change, willing to change, can change"

This is an account of establishing individual connections to a shared activity in a way that is strongly reminiscent of the need for alignment described in chapter five. It also distinguishes iterational identification from projective identification. While the past is immutable, the future is not. The manager in the quote above refers to the way in which an organisation may require individuals to change. In other words, the individual must form a projective identification that moves them from past patterns of thought and action to one more suitable to the current demands of the participatory opportunity. Such experiences of incongruence will be discussed further in section 6.2.2.

The manager's second concern involved efforts in fostering a collective projective identification as was the case when services had to change. Participants described a number of situations of such collective projective identifications – setting up a new and radically different service or the arrival of a new manager who challenges past dysfunctional working patterns. However, other invitations to take on a collective projective identification could be viewed sceptically by participants. Some practitioners were uncomfortable with support workers taking on the tasks of registered workers. Zoe appeared ambivalent about the changes in working patterns to be introduced following a time and motion study. Jenna did not want to work in a service which was about to take on a different type of service user. Such incongruence between the individual iterational or projective identification and collective projective identification will be discussed further in section 6.2.2.

Conclusion to section

This section described the participants' experience of congruence between iterational and projective identification and their participatory opportunities. Iterational identification fostered the participants' comfort with their role and sense of capability. Iterational identification was fostered by deliberately selecting and being selected for posts that matched one's background. Iterational identification could incorporate practices and roles from across a range of quite different sectors. Managers and participants would find ways to create a role that supported iterational identification and for newcomers represented an induction process that remained within their comfort zone. The modelling of diverse approaches to practice through shadowing supported iterational identification.

Projective identification involved participants envisaging changes in their role or activities. Projective identification may include becoming more competent and could be fostered by particular role models in the team who represented paradigmatic trajectories. Projective identification was also fostered by roles that supported the participants' career aspirations. Managers have a role too in supporting such aspirations. Also, when organisations need to change, a manager may attempt to foster a collective projective identification.

This section has focused on congruence between participatory opportunities and identification suggesting that such conditions support the engagement which gives rise to learning. However, learning may also arise out of experiences of incongruence. The next section considers experiences of incongruence.

6.2.2. Incongruence and personal change (position two)

Participants also experienced a lack of congruence between their identification and participatory opportunities. As position two in Figure 7 suggests, incongruence between the practices of a participatory opportunity and an individual's iterational or projective identification can provoke personal change.

Iterational identification and personal change

The box below illustrates the way in which incongruence can lead to iterational disidentification, the formation of an alternative projective identification and as a result, personal learning.

Box 17

Maya

Maya's background in psychiatric care provided her with a strong sense of service user-staff boundaries. She saw this as a personal strength. When Maya moved to learning disability services she encountered a very tactile culture in which service users and practitioners were observed hugging, touching or caressing each other's hair. Maya not only felt uncomfortable with all the touching but also the impression she was making in the team:

"... it does bother me that people might see that I'm, think I'm cold or unapproachable in some way, because I'm sort of; it's such an automatic reaction for me just to back away in my work life... it's just I have to remember not to flinch when that happens".

Maya decided to try to change her behaviour so that she would be more receptive

to the physicality of interactions with service users. At the same time though, she has doubts about some of the boundaries maintained by her colleagues and is not sure she agrees with everything that is done.

Jenna

Jenna's first role in care had been as a HCA in a large institution for people with learning disabilities. Care was impersonal, routinised and governed by a strict timetable giving little attention to personal needs:

"... there was no time because you had like 38 people to bathe, dress and everything, but this is what you were taught to do so you did it, and you had one person bathing, one person drying, one person like brushing their hair, you use the same flannel, same soap, same towels, and the clothes they would be like a great big, like a huge bucket thing where you just sort out pants, bras, and if you were lucky they'd have bras, and a dress and you put it on."

Jenna did not question these routines *"because I just thought that's how it is, and everybody did the same."* Yet, when a new nurse-in-charge arrived and challenged staff practices Jenna was provoked into seeing things differently. When this nurse left the hospital and invited Jenna to join her in setting up a community-based home she found herself with the opportunity to offer more personalised one-to-one care. Even so, old habits were hard to break:

"Sometimes I reverted back to thinking 'Oh my God I've left them on the toilet for ½ an hour. Gee, that's so wrong', and then it was like 'Trixie I used to do that and they'd be in there for hours on end', and

then I'd feel guilty about it, and I'd own up to my nurse-in-charge, 'I forgot and I left them on the toilet for ½ hour', and they're like 'it's OK, you remembered'. At first it was really difficult but when you got into the swing of things it's so much easier ..."

Maya and Jenna's past practice is manifest as physically embodied routines. Maya's boundary maintaining habits have served her well in the past and are so ingrained that when at work, she automatically flinches when touched. When Jenna worked in the institution, she established routines that were so well embedded that when she starts work in the home she occasionally forgets herself and reverts to old ways. Like the workings of practical consciousness described by Giddens (1991), these routines are taken-for-granted and performed automatically but are not beyond the reach of reflection, reflexive change and disidentification.

When Maya joins the learning disability team and Jenna starts work in a group home, they find that the practices of these participatory opportunities are incongruent with the taken for granted habits of thought and action. As Emirbayer and Mische (1998) explain, reflectiveness and projectivity (imaginations of alternative futures) arise out of the critical mediating juncture between the iterational (past oriented) and practical-evaluative or present focused aspects of agency. People move "beyond themselves" into the future. They imagine a future which is an alternative to their past practice. Jenna is provoked to disidentify with past practice – she is decisively anti-institutional in her working habits - and establishes a projective identification which leads her to

learn how to work in a person-centred way. This is not an easy process as she falls into past habits which sit awkwardly with how she wants to be. Although she is reflexively changing her practice and identification, the process of reconfiguring the existing schemas associated with her iterational identification demands considerable effort.

In terms of their identification with the future, Jenna and Maya are different though. Jenna's learning is an attempt to realise an alternative person-centred, non-institutionalised future. Maya appears more ambivalent. Her projective identification involves envisaging herself as a warmer, more receptive person but she still identifies with the importance of boundaries, seeing her ability to maintain these as a personal strength. As a result, she appears to be questioning the boundaries of her colleagues. Maya demonstrates most vividly the way in which an individual may operate out of two modes of temporal identification at once in that she is both envisaging a warmer, more tactile alternative self but retains some identification with a particular approach to boundary maintenance. Maya's ambivalence hints at an alternative positioning. By maintaining some identification with her past practice, there is a possibility she will challenge her colleagues' behaviour and possibly provoke organisational learning. This will be discussed further in section 6.3.3.

Overall, this section describes the way in which identification is malleable and how incongruence can provoke personal change. Maya and Jenna's projects of personal change incorporate the configuration of projective identification which gives their efforts direction.

Incongruence and the maintenance of iterational identification

The discussion so far has been concerned with the way in which iterational identification can be provoked to shift giving rise to the formation of a projective identification focused on establishing an alternative practice in the future. The participant accounts suggested that iterational identification is not easily abandoned. The effort Maya and Jenna needed to exert to override automatic habits demonstrates this dynamic and this section explores this further. Iterational identification is not solely concerned with the past but also incorporates a future-oriented dimension in that participants imagine that their current practices will sustain over time. The box below gives one example.

Box 18

Jenna

Like her colleague Ingrid, Jenna has been offered a secondment to train to be a social worker. Jenna reads this as an affirmation of her skills as she is practically doing a social worker's job anyway. Even so, Jenna is reluctant:

"If I had that confidence I would go for it, but I just haven't got it, I really haven't got it and I don't know . . . cos I'm not the brightest thing in the world, but I just think the only thing that would hold me back is my written English, and that's it. That's the only thing I'm scared of, and I'd hate to show myself up in front of a whole bunch of people ... It's like 'oh my God they've sent me to do my training, and I've failed or something'. That would show me up big time. I'm just

not willing to take the risk."

Lacking confidence with written English, Jenna would rather take on a level four NVQ. However, by completing two NVQs in the past, she knows that she can meet the requirements of the written work. Even so, her manager insists that social worker training is right for her but Jenna is concerned that she would not be able to get by on a reduced income even though her husband insists that they will survive. She has doubts about completing her nurse education because she may have to move to a different setting when she likes the service users and where she works.

By interview two, Jenna reports that her manager is (nicely) pushing her into training and with Ingrid deciding to take the course too, Jenna feels conflicted. Furthermore, she is experiencing conflict with a new nurse-in-charge.

Consequently, Jenna is feeling that she should move on to another role. Setting her sights on another role strengthens her resolve to study for an NVQ because it would provide her with more career options as a support worker.

By interview three, Jenna has decided not to enter social worker training and will leave her job. She did not want to enter nurse education because she could not put her whole heart into it. She would not make an effort and it would be a waste of time. She did not want to increase her commitment to the centre. She had also learnt that her employer would not support her to go into the NVQ level four as it was related to management skills and inappropriate for an HCA.

By interview four, Jenna has decided to resign and take a job elsewhere. She feels free of the concerns of her role, less caught up in the arguments and worries as she sets her sights on a role more suited to how she wants to practice.

Jenna has been presented with a participatory opportunity (a pre-registration training programme) that would lead to considerable learning. However, she holds no such projective identification. Indeed, the tensions with the offer, her construction of her abilities, the conflict with the nurse and the desire to continue with another NVQ all reflect an iterational identification that is incongruent with the participatory opportunities available to her. The box above presents as an account of a person rejecting an opportunity for learning and deciding instead to seek a role where she can maintain her iterational identification.

Concerned with maintaining her iterational identification despite its incongruence, the meanings Jenna generates about her circumstances are multi-faceted and shifting. Concerns about her writing ability, reluctance to leave her current service users, conflict with a nurse and a preference to return to a type of study that was successful in the past are all presented as reasons for her rejection of the study opportunity. Underneath this manifest content lies a latent core involving a desire to sustain her iterational identification into the future.

Overall, Jenna's story reflects the accounts of a number of participants whose iterational identification shaped their responses to a possible participatory opportunity. Although Jenna rejects the opportunity outright thus shaping the direction of her further learning, the alternative – registering for the programme

and studying without enthusiasm or commitment – also highlights the way in which incongruence will undermine the potential for learning. Furthermore, her resolution of incongruence was achieved through a decision to resign – a shift from position 2a in Figure 7 to 4a.

Projective identification and incongruence (position 2b)

In the previous section, resistance arose out of incongruence between iterational identification and the participatory opportunity. As described earlier, projective identification representing a move towards circumstances different from the past shaped the way participants viewed the available participatory opportunities.

Projective identification appeared most vividly in terms of career aspirations. In Box 16, Corinne negotiated a change in her role to bring about congruence between her projective identification and practice. Corinne's example suggested the challenges and frustrations of maintaining congruence with her projective identification. Lisa's discussion below of survival, power and workplace opportunities highlights the precarious position of a support worker attempting to achieve her ambitions:

“When I arrive here I wanted to see all this jobs and occupations what I like, because I know that I don't want to go back to teaching profession, and just now I can see Occupational Therapist, Social Workers, Physiotherapists. I wanted to know if I will have power to study again, but it's the question about finances as well, and time and everything, and if they will be able to support, or if I'm strong enough to survive and study. I am person who is ambitious so I won't be able

probably to stay in this position, and I will try to find some kind of progress or something. I would like to stay in the position where I am cos I like this job, but with better money."

In the quote above, Lisa's uncertainty about being able to progress reflects the difficulties practitioners experienced in negotiating congruent projective identification. For Lisa, like other participants, her projective identification was confounded by a lack of finances to pay for further education. Others, like Lisa, spoke of career opportunities available to enable workers to progress them further in seniority or salary. There were few career opportunities as a support worker. Many experienced workers appeared to hold similar positions to newcomers with the exception that some specialised in a particular area, took on more responsibility or acquired an air of authority.

Some participants had taken opportunities to 'act up', apply for more specialised roles or proposed extensions to the service that would enable them to create a role that was congruent with their projective identification. However, they found that there were a limited number of corresponding roles or organisational resources available to support their progression. That some could become 'seniors' or 'managers' challenged their identification with the role of support worker as described in chapter four – they would be taken away from the frontline and direct work with the service user. As far as their projective identification was concerned, a number of support workers saw few desirable opportunities and as a result, relevant learning opportunities were limited.

The participants' accounts of their resolution of the incongruence between projective identification and their participatory opportunities could include changes in the future state they hoped to achieve. For example, over the four months of interviews, Grace had put her ambition to go into pre-registration training aside in favour of an extended period of practical experience in a variety of roles. Decisive changes in projective identification were rare though. There were vaguely expressed long standing ambitions described with reference to an unstated time frame and action plan. These ambitions were often set against muted accounts of how their circumstances were incongruent with the aspiration – being too old, lacking the financial resources or not having the academic credentials to change role. Such statements could be seen not as the decisive abandonment of a projective identification but its gradual erosion. Such identifications are not easily given up.

In contrast to this gradual erosion, some maintained their ambitions in the face of incongruence with their circumstances through an intention to resign (in Figure 7, a shift from position 2b. to 4b.). Lisa, for example, described her response to a conversation with her manager in which it was explained that she would not be supported to study towards a registered role or promoted to a senior role:

“... so I'm going nowhere, so I have to think about finding a new job where I can go ahead. I'm going nowhere, so just now, from last week, I had more clearly information that I can't stay where I am. [...] I wonder if they say 'Look, can we have word with you? Why are you unhappy? Why do you want to leave? Can we do something to keep you happy?' and, like flexibility, but they have, if you are here

one year you can be, you can go to grade 3, 4; they don't have like flexibility like, like people (are), they are not machines. [...] Probably I'm not good enough (laughs)."

Lisa describes the disbelief, powerlessness and sadness associated with the discomfort of incongruence. Participants in Lisa's position referred to their feelings of sadness, frustration, anger or self doubt. In order to achieve this harmony, she decides to find an alternative role.

Conclusion to section

This section has described position two in Figure 7 - the participants' experience of incongruence between their iterational or projective identification and the link to learning. Although the practices associated with iterational identification can be embodied and automatic, they can also be subject to reflection and reflexive change. The demands of a participatory opportunity can provoke incongruence with an iterational identification (position 2a in Figure 7). Such incongruence can provoke personal change motivated by the formation of a projective identification which incorporates behaviour consistent with the participatory opportunity (a shift from position 2a to 1b in Figure 7). Some participants do not completely disidentify with past practices but will maintain some iterational identification simultaneously with the formation of a new projective identification.

Iterational identification also includes a future oriented element that involves envisaging the persistence of conditions over time. Participatory opportunities

that undermine this persistence may be rejected leading an individual to disengage or exit (a shift from position 2a to 4a in Figure 7).

Participants' projective identification was expressed most vividly in terms of career aspirations and a desire for participatory opportunities that would develop the capabilities and access to experiences to achieve these. Such participatory opportunities were often limited prompting incongruence with participatory identification (position 2b in Figure 7). Projective identification may be reconfigured in such circumstances.

The emphasis in this section has been on personal change and disengagement. Participants also described an alternative position in which incongruence prompted social change. This will be discussed next.

6.2.3. Social change (position three)

Position three in Figure 7 suggests that social change arises out of incongruence with identification. Participants attempt to resolve incongruence by changing the practices of those in the service. This theme has been touched on before. In chapter five, the term alignment was used to refer to a process in which practitioners exert effort to change the practices of others. The box below provides an example.

Box 19

When Jenna started in her current role at Massey House, she was mentored by Ingrid:

"I kept questioning things [...] and then in the end she just got really sick of it and said 'Right, this is what we're going to do' and she actually sat me down and says 'These are things and these are things you've got to do, da, da, da' and I'm like; and she goes 'Don't ask me any questions until I've finished this whole thing' and I went 'Okay' and she goes 'What do you think?' and I went 'Well some of them are really good ideas but some of them are really shit' [...] and it wasn't like 'Oh my God, she's new; she doesn't know what she's talking about', 'cos I'd been doing this at a much better place than here and I had a lot more responsibilities than I do here as well."

Jenna found that there was some openness to her suggestions. Her suggestion of introducing a buddy system was taken up. She also continued the type of care she offered in the community house she had previously worked in. While Ingrid approved, others did not:

"So I was just thinking 'Well why can't we do more; why can't we?' and it's like 'No, don't do that because people will start saying ... 'what was her phrase? It was like, you know 'I'm looking for something because I'm trying to do more than what I'm getting paid for, which I should be doing' and I'm like 'But why not?'"

In this account of starting work at Massey House, Jenna represents two simultaneous identifications. She appears to be open to adapting to some of the practices from Massey House reflecting an emerging projective identification (a shift from position 2a to 1b in Figure 7). There is a paradox here though because she also maintains an iterational identification with the practices in her previous setting and pushes for change (position 3a). She not only rejects what she sees as “shit” ideas and continues to provide care as she did in the past which appears to generate potential incongruence arising out of the social disapproval of her colleagues. Her iterational identification also provokes social change through her introduction of the buddy system. Establishing herself appears to involve a process of negotiation in which she gives and takes – listening to Ingrid and adapting but also pushing for a practice that is congruent with her identification.

The learning involved in social change occurs at the team level as practitioners refine or take on new practices. Facilitating such learning and behaviour change is difficult. Participants discussed the need for managerial backing, dedicated time and a strategic approach. For example, in Ingrid’s interviews, her iterational identification was reflected in her repeated references to her desire for an organisation with routine debrief sessions which, from her experience she knew would create a “tight” team of supportive practitioners. She wanted to return to the kind of practitioner she could be in such a team. She describes the work she had to put into to establishing this process – securing managerial backing, delivering a prepared PowerPoint presentation at a staff meeting, reaching agreement about procedures and trying, unsuccessfully, to sustain the practice

over time and through changes of leadership. This was a process involving a number of the learning activities listed in chapter five including information exchange and planning and reviewing. The difficulty maintaining the routine was also challenged by Ingrid's low positional power in the service.

Sometimes managers appeared to recruit practitioners hoping that they would provoke organisational change. For example, a recently appointed arts graduate who was establishing art sessions was mentioned by both Uja and Raj. Change may be unplanned and opportunistic, as Maya and Lisa's manager learnt when he found they both had Master's degrees. Maya in particular wanted a more sophisticated role (position 3b in Figure 7). This background and projective identification meant that her manager had staff who could pick up social work tasks and reshape the way the team worked. Others brought with them practices or ways of working that provoked change. Nevertheless, like Ingrid in introducing debriefing or Jenna with her give and take in her induction, introducing social change required particular social skills. Grace's manager explained:

"I mean we've had 3 new people in and one of them is very good, and intelligent and he's challenging but I find it difficult the way he challenges. The other two are young in age and bubbly, and challenge very gently which of course helps the established staff not feel so defensive, and those people who made a difference to the team given their energy."

This section describes the way that incongruence between the participants' identification and participatory opportunities can generate social change and team learning. Social change appears paradoxical in that the practitioner can be seen as rejecting learning opportunities. While social change may be reflected in the processes associated with alignment, it can also demand particular special attention, attitudes, social skills and learning activities that can be limited by the low hierarchical position of the support worker.

6.2.4. Rejection or disengagement (position four)

References to disengagement and exit have already been made a number of times in this chapter. Some of the participants had decided to resign their post so as to find something congruent with their identification. However, only one had actually left during the research period. The growing recession was making job hunting difficult and personal financial obligations meant that some participants stayed in post despite their feelings of incongruence.

Those who wanted to resign but stayed in post did describe themselves working with a different sense of connection with their practice. Some reported "going through the motions." The associated state of not feeling responsible for the challenges of work was freeing for some who found it relieved the frustrations of their incongruent identification. Some tried to compartmentalise their performance by continuing to attend to service users with care and attention, while choosing not to get too deeply involved in team discussion and problems.

The experience of synthetic resolutions (Emirbayer and Mische, 1998) highlights the multi-faceted nature of identification. For example, although Jenna's iterational identification meant that she could not envisage the conditions she valued in the past persisting into the future of her role, she continued in her post because this resolves the problem of income and maintains her iterational identification as a good provider at home. In other words, it can be seen then how an individual can continue in care work which they neither value nor identify with because it sustains an identity encapsulated in a synthetic resolution.

6.2.5. Conclusions on temporal identification

This section has argued that the concept of temporal identification can be used to characterise the different ways in which practitioners construe and engage with participatory opportunities. Some immerse themselves in the opportunity out of congruence with their iterational or projective identification (position 1) which leads to engaged participation and the potential for learning. However, individuals may also find that their identification is incongruent. This may lead them to change their identification (position 2), attempt to change the practices associated with the participatory opportunity (position 3) or disengage or exit (position 4). This model highlights one dimension of the relatedness between individual subjectivity and workplace practices. Another way of characterising this relatedness is the individual's need for recognition. This will be discussed next.

6.3. Negotiating recognition

Very early on in the research process, it was apparent that non-recognition was an issue for the support workers. Non-recognition came in different forms. Some described feeling like an insignificant member of the team. Others wondered if the plans for support worker registration would mean that they would finally be seen as significant. Participants described organisational changes in which they had lost access to previously held skilled roles and how they felt deskilled and discounted. There were accounts of moments in practice where they felt unrecognised - ignored in meetings, not being consulted when service users were discussed, writing notes or a report but not being allowed to sign it or not included in counts of staffing levels. Zoe gave an example of two support workers sitting in an office and hearing the nurse-in-charge complain that *"there's only me on"*. Agnes shared a similar experience. It was clear that the experience of recognition and non-recognition was an aspect of the participants' learning experience.

This last section describes how experiences of recognition and non-recognition played a role in the support workers' identification at work. It will also be argued that the pursuit of recognition, as an identificatory drive, was a factor which determined the participants' construal of and engagement in participatory opportunities. Honneth's (1995) critical social theory of recognition provides an explanation of the link between identification and recognition. In chapter two, Honneth's work was used to argue that intersubjective recognition of an individual's personal qualities and biographical uniqueness is the foundation for the self esteem that enables him or her to form a positive relation to self and therefore identity (Honneth, 1995). It is argued that for the participants, the

pursuit of recognition becomes an act of identification linked to the formation of an identity of self esteem.

Participant accounts referred to the way in which the assignation of duties that were well matched to their particular capabilities was an act of recognition that had an impact on their self esteem. Participants talked about the affirmation of their capabilities, filling a niche in the team, pride in being given special duties and a growth in self confidence as the individual realises their capacity and grows in their feelings of self esteem. For example, Debs was supported to organise a regular nightclub night for the service users. She refers to feelings of pride and confidence arising out of the success of the nightclub night and describes her enhanced sense of capability and willingness to propose innovations to the service. Honneth (1995) refers to such experiences as the recognition that arises out of the expression of abilities. In other words, performing work and meeting a concrete need of another person allows the expression and recognition of abilities.

In contrast, non-recognition resulted in a sense of humiliation and insult. Chapter five, Box 11, referred to a meeting in which a service user's mental health issue arose and Maya, contributing on the basis of her specialised mental health background *"voiced some specific knowledge that I had."* Her opinion was sidelined and she felt humiliated and embarrassed. Other participants described similar experiences of being ignored with indignation.

Similarly, assignation of tasks could reflect non-recognition. Agnes described being deskilled when a policy change meant she was no longer allowed to deliver

medication. She “... *felt like that I had buttered myself a slice of bread, and somebody snatched it out of my hand*”. She took pride in performing this hard-earned responsibility because it reflected her skills and experience:

“Well here I was doing a responsible job and doing a very good job at the same time. They came along and they changed the rules. We weren’t allowed to be handling medication ... I felt so bad about it that I actually ended up in tears over it because I thought, ‘what is going on here. Is this what it’s come to? I’ve worked hard all my life, and I have always put 100% into it do you know what I mean, and I’ve always got results.”

By losing the role, Agnes had lost a valuable source of recognition. The loss of the role negated her experience and commitment. Other participants referred to similar situations as deskilling and a negation of personal ability. So, if recognition was a part of the participants’ identification and a source of self esteem at work, how did this factor shape their engagement with participatory opportunities that gave rise to learning? This will be discussed next.

6.3.1. Participation and recognition

In chapter two, Honneth’s (1995) theory was recast within the terms of communities of practice. It was argued that participation in practice enables intersubjective recognition by providing opportunities for the expression of abstract capabilities through labour and activity. This was demonstrated in the previous section when the assignation of tasks allowed participants to be recognised. Thus, participatory opportunities open up spaces for recognition that

support identification while constraints shut down such opportunities. The converse also applies. To use terms from Wenger's (1998) conception of communities of practice, the nature of one's participation in the community of practice is contingent upon being seen as competent enough to be trusted with the tools and repertoires of the group. In other words, to be recognised is to be enabled to participate and therefore engage in activities that lead to learning.

Participants offered a number of accounts of how recognition opened up opportunities for participation. Being invited to apply for a more challenging role or being identified as someone with particular talent would lead to opportunities for role extension, for example. Conversely, the way in which non-recognition can constrain participation is demonstrated by the box below.

Box 20

In the observations, Jenna presented as a confident member of her team. She knew the service users well. She spoke confidently about her understanding of their needs. She would challenge her colleagues and explore their thinking about service users. Together they would work out how to respond to problems and form a plan of what to do. She was observed offering colleagues guidance with certainty and authority. Several times throughout the day she was approached for help on various things. She explains that this is because she has been in the role for so long she has a lot to offer and she does not make people feel stupid for asking questions.

In interviews, Jenna had a strong sense of her capability:

"... we know what we're doing and we know how to plan a day, and if something goes wrong we'll know what to do. You can't, we're not here to be told what to do, do you get what I mean?"

Some staff respect her for her knowledge of service users, while others take a more authoritarian approach that does not acknowledge her experience. Jenna goes on to explain how as someone with a detailed knowledge of service users, she should be involved in review meetings. It is a source of frustration that she is not.

A nurse recently joined the team and has come into conflict with Jenna. The nurse sees Jenna as working with too much initiative. Jenna finds the nurse overly directive. She does not make decisions with Jenna or draw on what she knows about service users. The nurse also complains that Jenna takes over while Jenna sees herself making suggestions for discussion. The nurse would rather she took less initiative. Jenna was also criticised for answering a service user's questions about medication. Jenna explains that she became involved because the service user said he could not understand the nurse's accent.

Jenna herself has begun to dislike how she is in interactions as she finds herself engaged in childish arguments. She no longer wants to continue working in the post. After talking it through with the manager, the schedule was rearranged to minimise their contact.

Firstly, Jenna shares an experience with other support workers. Jenna's personal sense of capability is founded in her knowledge of service users and her extensive experience is not recognised. As a result, she is not able to access a number of participatory opportunities. Her non-admittance to the review meetings limits her opportunity to participate in learning activities such as information exchange or planning. Jenna's account of her interactions with the nurse refer to the micro-political nature of workplaces and recognition. Jenna's experience of service users and of the centre is not acknowledged. Instead of participating in decision making discussions which would foster learning activities such as articulating understanding, problem solving or information exchange as observed above, the nurse's authoritarian approach puts her in a much more passive role. The limitations of discussions with service users change the character of her participation.

The second feature of Jenna's situation is that some members of the team recognise her capabilities. Others do not. This too was a common experience among participants. While Honneth (1995) refers to recognition on the basis of dominant cultural values, he suggests that any setting is a multi-vocalic space with a range of different value horizons in operation at once. For this reason, Jenna and other participants did not report uniform non-recognition in their workplaces. For example, many teams did facilitate processes where everyone's opinion mattered while at the same time, included spaces or activities that excluded support workers such as the professional meetings or the construction of care plans. Participants could feel well regarded by some people and not others. For some participants, moments of non-recognition could be compensated for by the

progress they made with their service users or by most closely identifying with particular factions in the team as described in chapter five.

6.3.2. Pursuing recognition

In Box 20 above, some participatory opportunities offered Jenna recognition while others did not. Other participants found that without opportunities to demonstrate their capabilities it was difficult to gain recognition. The biographical interviews showed that participants had experiences that demonstrated a range of capabilities. However, as they moved into different roles or the nature of the organisation changed, the nature of their participation would change which in turn influenced the opportunities for recognition. Beth, for example, had worked as a social worker until leaving to raise a family. She had been part of the team that had set up her current service. She had a care coordinator role until a policy change shifted this responsibility on to registered workers. Beth felt deskilled:

“I have these skills and I come here and I’m deskilled, and I’m beginning to feel that most of the skills that I have is not being utilised, and I’m beginning to lose those skills and because I have that fear of losing those skills I’m always going on. I think I find myself going on about wanting to do this and this, because I have this expertise, and sometimes I just think - am I in the right place?”

She goes on to explain how team turnover has rendered her skills invisible:

“Yeah they’ve taken my skills, they’ve taken my, some of my skills. And I do not get the same respect within the team. The team members

have changed and the newer people come in, they see me as my role as support worker and they don't know, or they don't care, about what's gone on in the past, what role I've had. [...] Why won't they do that? Why won't they listen to me? And that was the frustrating thing."

For Beth, the non-recognition arises from two sources. The first is that without the care coordinator role she has little opportunity to demonstrate her abilities. With staff turnover, the team have no memory of what it is she is capable of. Non-recognition also arises from a more corrosive source. Without the participatory opportunities associated with care coordination she feels she lacks the opportunity to practice those skills and will lose them altogether further deepening her non-recognition. Beth's account though emphasises her pursuit of recognition. She describes herself "*always going on ... wanting to do this and this, because I have this expertise*". She, like Jenna, Maya and Agnes in the examples in this section wants to change the nature of her participation in order to gain the recognition – "the respect" she refers to. Discussion will now turn to the participants' pursuit of recognition in two particular areas – i. grading and ii. education.

Grading and recognition

Practitioners were surrounded by a complex array of role specifications, skill profiles and grading all of which were related to salary levels. Grading and salary were described as related to the sophistication of the role and could be a reflection of the training undertaken. Salary level and grading were interpreted by

participants as markers of recognition. As such, the recognition available to participants through grading and salary was connected to the participants' engagement in learning activities either through increasingly sophisticated roles or training.

As workers were asked to take on work that was more or less demanding or sophisticated, they would appraise it with respect to the potential for recognition through salary and grading. Role extension was a common theme. Some practitioners picking up the tasks once carried out by nurses or social workers relished the challenge and opportunity for development afforded but may also feel ambivalent about seeming to be "*cheap labour*". While being cheap labour was partly a matter of spending power in a recession, it is also linked to the predominant way in which skill is recognised. Higher skill is typically associated with a higher income (Rainbird et al., 1999). Thus, Zoe acknowledges that she is doing a number of nursing tasks and is being asked to learn to do more of the same. Despite the learning opportunity afforded by an invitation to learn to perform more nursing work, she is reluctant to do more because she feels it is going unrecognised:

"I just think that you want more; you want us to develop, which I think is great, but you can't expect us to almost do a registered nursing job ... I mean we're on about seventeen, with experience, and they're on about twenty five."

For Zoe, her negotiation of recognition is intertwined with the potential for learning. Zoe resists developing her role further because she will not be

recognised for her capability. In the terms of co-participation, the construal of the participatory opportunity depended upon the associated recognition.

Conversely, lack of recognition was seen as negating the learning the participant had engaged in. Agnes, for example, became aware of colleagues in other services who were working in the same role on a higher grade to her. She lobbied her manager to have her appropriate grade recognised even though she had decided to resign and would gain no possible practical outcome in terms of salary. In the quote below, she interprets her grading as negating her learning:

“Yeah, I don’t mind working so long as I get the recognition for it, and I have put a lot into this job. I’ve done loads of courses here. I’ve been on anything they’ve sent me on. I go for any teaching session, anything you know.”

Inconsistencies in grading are discordant in a system that placed all in their ‘right place’ leaving workers feeling undervalued and perplexed by the discrepancy.

This sub-section has highlighted the way in which the participants’ pursuit of recognition can shape their construal of participatory opportunities. Discussion will now turn to educational opportunities and recognition.

Education and recognition

For some practitioners, engaging in formal education was a way of enabling recognition, a phenomenon recognised elsewhere (Fleming, 2011, Liveng, 2010).

Ingrid and Jenna both described organisational secondments to pre-registration training in nursing as an acknowledgement of their abilities. The recognition afforded by such opportunities left them feeling esteemed. Jenna described the way that being put forward for the secondment led to discussions with colleagues in which her ability was acknowledged:

“I never knew this but a lot of the qualified staff actually respect what I say, and respect what I do which I didn’t really think, and I was like ‘wow’.”

Lisa referred to the way that educational opportunities would enable her to “*be someone*” while Corinne, felt a social work qualification would be a marker of her capabilities. This recognition would change the character of her participation:

“I’ve had colleagues say ‘Oh, you can be listened to.’ I don’t believe that. If I’m qualified and I have my degree and I have my qualification, that is where that I feel that I have the authority to make a difference. I’d have authority to fight this person’s corner because I would have all the skills and the values that I’m supposed to meet in terms of; I’m supposed to use in terms of meeting that client’s needs.”

Corinne suggests that recognition will follow the acquisition of the qualification. In addition, simply participating in education enabled processes affording recognition. It was through taking part in an NVQ that Agnes was able to demonstrate her clinical skills giving her the opportunity to try a new activity – dressing bed sores – and practice it until she became proficient. The nurse’s

recognition of her ability and the opportunity to practice the task was a point of pride. Similarly, Corinne's study of university courses not only made her ambition to enter a registered role visible but it also marked her commitment. Recognising this commitment, her manager facilitated access to training and professional meetings that extended her role into the professional domain associated with her studies. Thus, the practice of engaging in education opened up further spaces of development for Corinne.

The assessment associated with university also provided a source of recognition that would transcend the limitations of the workplace. Agnes and Zoe for example, found that NVQ accreditation recognised the undervalued components of their work. Agnes, for example, in linking events in which she washed lice off a homeless person and dressed bed sores to her NVQ accreditation demonstrated how the undervalued and distasteful 'dirty work' was recognised.

However, not all qualifications carried the same weight. Although vocational qualifications were supported and encouraged in the support workers' organisations, they could also be devalued. For example, National Vocational Qualifications credentialise the skills workers have in their specific area of work. Workers claimed that these did not carry the same status: "*I don't think they really see it as a qualification.*" (Zoe)

6.3.3. Conclusion to section

Drawing on the work of Axel Honneth (1995), this section described the way in which the participants' pursuit of recognition shaped their construal of

participatory opportunities. Recognition was described as arising out of the assignation and performance of tasks that reflected the participants' capabilities as well as interactions that drew on participant knowledge. Recognition opened up participatory opportunities that could lead to learning. Non-recognition constrained participation and limited learning. A setting may offer both recognition and non-recognition. As such, the pursuit of recognition can be seen as determining the practitioner's affiliation with factions.

The individual's pursuit of recognition shapes their construal of participatory opportunities. The pursuit of recognition may lead an individual to lobby management for different kinds of work. Without such work participants may find their skills do not develop or erode from disuse. Participatory opportunities without appropriate markers of recognition such as appropriate grading or salary may be declined. The absence of such markers may negate the value of past learning.

Participants may also construe educational opportunities as affording recognition. The qualification is a marker of recognition. Other sources of recognition arise from the assessment and the participatory opportunities prompted by studying such as new participatory opportunities.

6.4. Conclusion

This final findings chapter addressed a concern prompted by Billett's (2004) concept of co-participation. It explored the underlying basis of individual construal and engagement in participatory opportunities. This chapter argued that engagement in participatory opportunities was shaped by the participants' temporal identification and need for recognition. First, it argued that congruence or incongruence between a participatory opportunity and temporal recognition gave rise to a number of possible identificatory positions which shaped the character of participants' engagement. This finding suggests links with the previous findings in chapter four and five. Identification was seen as underpinning the authenticity and enthusiasm underpinning effective care described in chapter four. The tensions between the subjective and situational reconstruction of practice and the need for the alignment can be seen as even more pronounced given the strength of participant identification.

Second, it was argued that the pursuit of recognition shaped the participants' engagement in participatory opportunities. The need for recognition adds a further dimension to the discussion of temporal identification. When the performance of a particular approach to practice or an aspiration is such a clear part of an individual's temporal identification, it is understandable why non-recognition could be so frustrating for participants. Also, links can be made between this chapter and the previous chapters. The participants wanted the foundations of capability described in chapter four recognised by being consulted over their knowledge of service users or being assigned tasks that reflected their

experience. Furthermore, the importance of recognising biographical uniqueness only reinforces that subjective and situational reconstruction of practice is not something that should be seen as aberrant but is a feature that should be recognised and embraced. Finally, the role of education in conferring recognition only further emphasises the importance of this participatory opportunity.

Both recognition and temporal identification have implications for affordances described in chapter five. Affordances as the opportunity to negotiate or engage in the fullness of practice or access particular participatory opportunities can be seen as matters of identity work in that they enable actions congruent with identification. How the workplace affords participation is partly about the way in which it affords identification.

Although general theoretical points are made about the role of identification in practice-based learning, these findings are also intertwined with the character of the support workers' experience. As support workers they possessed the low positional power to bring about the social change needed to restore congruence and lacked opportunities to achieve the aspirations associated with projective identification. Their experiences of being unrecognised are related to the way in which support workers saw the foundation of their capabilities. Such matters of career or how capabilities are viewed are important when considering facilitating support worker learning.

These issues will be discussed in greater depth in the chapter seven which, as the concluding chapter, brings together the three findings chapters to provide an

account of the character of support worker learning and, more broadly, practice-based learning in general.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Chapter 7 Discussion and conclusions

In this concluding chapter, the theoretical implications for an understanding of support worker learning are explored in relation to i. the subjective and situational reconstruction of practice; ii. the way in which workplace learning arises out of alignment, participatory opportunities and affordances; and iii. identity work. Directions for future research are presented. The practical implications of facilitating support worker learning will be explored by proposing a “leading learning” model for health and social care managers.

7.1. Practice as a subjective and situational reconstruction

Chapter four addressed research question one: ‘what is the nature of the support worker role and practice?’ The intention behind this question was to ensure that the subsequent discussions of how support workers learn were sensitive to what it is that they actually do. In doing so, learning could be discussed in terms of developing the support workers’ capability in a defined domain area rather than proposing abstract or general principles of learning. For this reason, much of the discussion about role and practice will be presented throughout this chapter and intertwined with discussions of learning processes or identification. In this section though, the central dimension of support work was that practice – the development and wellbeing focused activities, relationship work and building an understanding of service users - was described as a personally unique subjective and situational reconstruction. Although it is proposed that all practice is a personal reconstruction, this aspect is comprehensible as a reflection of caring practice and the practitioners’ definition of personal capability. To understand the

implications of this reconstruction, both the terms 'subjective' and 'situational' will be discussed.

Regarding subjective reconstruction, Vygotsky (1979 cited in Wertsch et al. 1993) argued that internalisation transforms the meaning and the execution of subsequent activities by the individual. When participants accounted for the basis of their practice in terms of their trajectory through life – Lisa as an ex teacher taking a pedagogical approach to care planning, for example – they were describing subjective reconstruction as founded in their unique individual ontogenesis (Billett, 2008). Movement through life generates unique biographical resources (see Alheit and Dausien, 2002, Keating, 2005), values, personal satisfactions, interpretations and personal style providing the foundation for subjectively reconstructed practice. Individual subjectivity is maintained through the temporal identification described in chapter six. While identification is open to reflexive change, it is not readily abandoned.

Regarding the situational reconstruction of practice, chapter two argued that an individual's knowledge is insufficiently detailed to anticipate exactly the conditions of action (Keller and Keller, 1996). Enactment of practice in the moment requires improvisation. In chapter four, participants described care as requiring responsiveness to service user characteristics, circumstances and their current physical, psychological and emotional state. Situational reconstruction also emerged out of the unique interpersonal dynamics of the service user and practitioner dyad. This 'use of self' in which participants intentionally and reflexively exploited their personal characteristics in order to foster supportive

relationships contributed to situational reconstruction. Finally, although participants formed their understandings of service users by drawing on knowledge acquired through training and team interactions, they described what they knew as idiographic rather than nomothetic.

This is a potentially troubling account of practice. Does it present the service user as vulnerable to the extent and limitations of the support workers' personal experience, personality, imagination and momentary sense of what feels right? Is this account a reflection of an occupational group without a history of professional socialisation associated with pre-registration education and regulation? Does it reflect the personal blinkers associated with a sense of capability based on the primacy of practical experience, knowledge of service users and being natural? If so, would it be harmful to facilitate support worker learning based on the premise that practice is a personal reconstruction? To respond to these points, the personal reconstruction of practice will be examined as i. embedded within the participatory opportunities of the workplace, ii. reflecting the nature of practice and iii. congruent with conceptions of effective caring practice.

First, as chapter five explained, support workers engaged in a number of participatory opportunities which supported alignment to the work of others and made available understandings and resources through interactions with colleagues, registered practitioners, managers and trainers. Participatory opportunities supported the alignment of personal practice to a collective norm. They also made available specialised knowledge through training and guidance on topics outside the scope of everyday knowledge – phlebotomy, suicidal

intervention or responding to someone with personality disorder, for example. Criticism, challenge and provision of guidance took place in participatory opportunities and provoked individual adjustment and modification. The participants' personal reconstructions therefore took place in a context that offered the potential for challenge, correction and ongoing learning.

Second, the participants' accounts reflect claims made by others (see for example, Billett, 2008, Eraut, 2010, Hodkinson et al., 2008a, Lave, 1996) that individual reconstruction reflects the nature of practice. Scholars have provided accounts of reconstruction in fields as diverse as blacksmithing (Keller and Keller, 1996), teaching and coal mining (Billett, 2008). Practice at its very essence, is an array of individual enactments (Barnes, 2001). These enactments may be similar enough to be considered common or shared practice. Some contexts may offer little latitude for variation (Jacobs, 2009), but nonetheless the enactment and meaning of practice is personally distinct (Billett, 2008).

Third, just as improvisation in blacksmithing (Keller and Keller, 1996) is understood as reflecting the nature of working with molten iron at high temperatures and would be incorporated into learning processes, so too must the reconstruction of practice be understood within the nature of caring practice. Locating the notion of the personal construction of practice within health and social care literature suggests a recurring theme. That effective care is considered responsive and uniquely tailored (Tronto, 1993) highlights the need for situational reconstruction. Accounts of necessary improvisation recur in descriptions of medical practice (Haidet, 2007), social work (Howe, 2009), counselling (Wosket,

1999), nursing (Jacobs, 2009) and health and social care practitioners in general (Glaister, 2008).

Similarly, accounts of the use of self in which practitioners extend aspects of their personality into the interpersonal encounter has received considerable attention (see D'Cruz, 2009, Edwards and Bess, 1998, Kwaitek et al., 2005, Wosket, 1999). The need for personally reconstructed practice is not distinct to support workers. However, the role of the use of self does not imply the supremacy of personal practitioner characteristics, values and enthusiasms over concerns for appropriate services focused on meeting service user needs. Concepts such as the therapeutic use of self explicitly point to the need for reflection and organisational attention on the appropriate use-of-self (Kwaitek et al., 2005) and will be discussed in depth in section 7.4.1.

The personal reconstruction of practice is an underpinning concept in this chapter. This conclusion does not imply that any one practitioner's practice floats free from the social and material resources embedded within the workplace and which structure practitioner actions. However, it does suggest that this structuring has its limitations (Billett, 2008). Personal reconstruction highlights the delicate balancing act of the tight-loose controls of workplace processes described in chapter five. Tight controls arise out of a need to induct practitioners into understandings that support the continuation of practice but must remain loose enough to ensure effective and personally satisfying reconstructions. The personal reconstructions associated with practice also draw attention to the

importance of taking into account the practitioner's identification when facilitating support worker learning. These points will be discussed in turn.

7.2. Alignment, participatory opportunities and affordances

The second research question asked 'How is support worker learning shaped by the practices of their workplaces?' This question addresses the point raised in the previous section. If practice is a personal reconstruction, how is it that care which involves multiple practitioners operating in a distributed network of agencies is able to be provided in a coherent and good quality fashion? Furthermore, how do workplaces maintain the continuity and reproduction of practice through processes which ensure that practitioners learn what it is they need to do (Billett, 2002a)? Ensuring coherence and continuity arises out of two levels of involvement.

First, care is a key social and cultural habit of the human species (Tronto, 1993). The participants had backgrounds in a range of domains involving care or 'people work'. Just as Cameron and Boddy (2006) found, the participants in this research developed capabilities through the domestic sphere as parents, friends or volunteers in charities. Consequently, individuals entered paid work prepared with a 'cultural toolbox' (see Emirbayer and Mische, 1998) of basic capability, tacit understandings and taken for granted assumptions. There are clear resonances between this cultural toolbox and the workings of what Giddens (1991) refers to as practical consciousness. As Giddens argues, much of the continuity and judgements about the 'appropriateness' of activity carries on without any conscious reference to an explicit norm guided as it is by the tacit and

non-propositional knowledge of the practical consciousness. It is because practical consciousness incorporates some taken-for-granted and non-reflective action that participants considered much of their practice as 'acting naturally'.

Paradoxically then, individual ontogenesis generates both uniqueness and commonality. However, this cultural toolbox is not used by rote. In chapter four, participants described how past knowledge and dispositions were reflexively remade so that, for example, the ex school teacher would tailor her approach to be appropriate to teaching an adult with autism to cook. Even unreflective routine dispositions must be adjusted to the exigencies of changing situations (Emirbayer and Mische, 1998). Such ongoing modification contributes to learning from practice.

Second, individuals willingly align their practice to that of others. To meet service user needs, cooperation was necessary. As chapter five and six suggest, alignment involves acquiring the routines and capabilities of those in the social setting and without these, continued employment would be jeopardised.

Alignment was embedded within day-to-day activity – contributing to discussions involving collectively framing and generating solutions to problems, gossiping, exchanging tips and modeling an appropriate mode of behaviour. Practitioners mutually exert influence and may even directly challenge, argue and lay formal complaints.

Chapter five outlined the forces driving individual engagement in these processes. Participants were open to what Billett (2008) refers to as social suggestion.

Operating in an unaligned fashion generated anxiety. Participants sought the social stability or predictability afforded by the certainty that collective activity carried on with some coherence, routine and continuity so that service user goals could be achieved. Efforts with service users were compromised or undone by contradictory actions from colleagues. As Barnes (2001) argues, by aligning with others an individual unleashes a collective power making aims achievable (including in the context of this research, the personal satisfactions associated with helping service users). Therefore, an account of reconstruction must incorporate an understanding of the way in which individuals align their practice with others to achieve particular ends.

As each participant interprets and enacts practice in a unique way, the stability of collective practice is temporary. Workplaces offer multiple and discordant voices. New problems and challenges provoke the need for different responses and further demands for alignment. Also, provoked by involvements outside the workplace or through reappraisals of a practice arising from training or challenging events and colleagues, participants themselves change in how they view themselves and their work.

Thus, this constellation of practices does not make a fully coherent and consensual social entity to which an individual aligns their identity and capabilities as suggested by ideas of communities of practice (Wenger, 1998). Occupational practices are fluid and dynamic as individuals negotiate alignment. As Keating (2005) notes, the social process of maintaining one's capability can be a tense, conflictual and ambiguous process. The dynamic interplay of individual

practices provokes ongoing dissonance and disequilibrium demanding resolution provoking the personal changes that make for learning (Jarvis, 2006, Billett, 2008). In essence, the reconstruction of practice establishes a system with an inbuilt tension that drives ongoing learning. This is not an account of learning privileging either the social or the individual but is one which integrates the two.

In conclusion, the subjective and situational reconstruction of practice is aligned through a 'cultural toolbox,' and a desire to align one's practice to others.

Practitioners acquire power to achieve goals, extend their agency and access personal satisfactions through cooperation. However, alignment does not imply stability. The constant change and negotiation arising out of subjective and situational reconstruction drives practitioners' ongoing learning. Therefore, supporting support worker learning must recognise the personal reconstruction of practice as well as aligned practice. Next, the way in which the support workers' learning activities were supported by the participatory opportunities of the workplace will be discussed.

7.2.1. Learning as a multimodal activity – learning activities and participatory opportunities

Chapter one argued that the literature on support workers often suggests a lack learning opportunities for this occupational group. Furthermore, educational activity is emphasised over practice-based learning. Chapter five established that support worker learning was a multimodal process in that it involved multiple learning activities supported by a range of participatory opportunities and not just

those associated with educational activity. This range of opportunities has two implications.

First, as found in studies of registered practitioners, participation in everyday work practice was a rich and significant source of learning (Black et al., 2010, Eraut, 2011). Given the multimodal nature of support worker learning, characterising them as “untrained”, says little about their capabilities. However, the significance of educational experience needs acknowledgement. Without the specialist knowledge developed through educational activities, support workers may be unable to recognise or deal with particular issues (Webb, 2011).

Workplace practice is subject to limitations in perspective, errors and biases (Eraut, 2004a). Although the close working relationships between support workers and knowledge specialists as well as ongoing processes of alignment potentially guard against this possibility, participants considered educational activities important. These connected them to evidence-based knowledge, raised their awareness of poor or dangerous practice, led to helpful interpretations and ensured appropriate interventions with service users.

Situated learning theories can sideline the significance of educational engagement (Guile, 2006). Although education should not eclipse other participatory opportunities it should not be considered optional either. Rather, this research suggests that the facilitation of support worker learning should incorporate the range of participatory opportunities available in a setting. Supporting learning could involve carefully selecting and sequencing participatory opportunities which are complementary or mutually reinforcing. For example, as chapter five

suggested, managers may only offer a teaching session in an induction course after a period of observation and hands-on work with service users. This would enable the teaching in the induction sessions to work with the practitioners' experience and consolidate their understanding.

Second, is the multimodal nature of learning distinct to support workers? There is no literature comparing registered practitioners and support workers. The association of support workers with competency-based training such as the now defunct National Vocational Qualifications (Young, 2011) implies the need for a process stressing instrumental doing. In contrast, the academic education of registered practitioners implies learning processes supporting autonomy, discretion and judgement (D'Cruz, 2009). Such claims about support workers as "doers" not "thinkers" appear tenuous given the growth of academically-focused foundation degrees for support workers, the inclusion of competency-based approaches in pre-registration education and Cameron and Boddy's (2006) argument that support work demands finely tuned and contextualised judgements reminiscent of the reflective practice of registered workers.

So how does support worker learning compare to that of registered workers? A comparison of support worker participatory opportunities and learning activities identified in chapter five with the 'professional' learning mechanisms/activities identified by Cheetham and Chivers (2001) in their work with dentists, accountants, civil servants, chartered surveyors, Anglican ministers and trainers) and Eraut's (2009) study of early career nurses, accountants and engineers suggests few differences (Table 8).

Table 8. Comparison of learning activities and participatory opportunities across three studies

<i>Cheetham and Chivers (2001)</i>	<i>Eraut (2009)</i>	<i>This research</i>
- Practice and repetition	- Consolidating, extending and refining skills	- Practice and repetition
- Mentor/coach interaction	- Being supervised - Being coached - Being mentored	- Supervision and appraisal
- Observation and copying	- Listening and observing - Shadowing	- Observing and adapting practice
- Feedback	- Giving and receiving feedback	- Giving and receiving feedback
- Reflection - Perspective changing/switching (seeing things from other people's perspective)	- Reflecting	- Reflection
- Collaboration	- Participation in group processes - Working alongside others - Consultation - Asking questions - Getting information - Locating resource people	- Interaction with colleagues - Reviewing and planning - Information exchange - Taking on guidance
- Extra occupational transfer (e.g. from personal to work life)	- Working with clients	- Work with service users and their families
		- Reconstructing practice (from other settings including activities from the domestic sphere)
	- Learning from mistakes	- Trial and error

Table 8 (cont.)

<i>Cheetham and Chivers (2001)</i>	<i>Eraut (2009)</i>	<i>This research</i>
- Extra occupational transfer (e.g. courses)	- Short courses - Working for a qualification - Independent study - Conferences	- Education and training - Use of research - Building and adapting conceptual understanding
- Stretching activities	- Tackling challenging tasks and roles - Trying things out - Problem solving	- Problem solving - Non-routine tasks
- Perspective changing/switching (visiting other sites)	- Visiting other sites	- Non-routine tasks (as in practicing in a different setting or in the same setting but in a different role)
- Unconscious absorption or osmosis		- 'Osmosis'
- Articulation		- Articulating understanding
	- Use of mediating artifacts	- Consulting service user files/Adopting and adapting protocols, guidelines and directives
- Use of psychological devices/mental tricks		- Physical habituation or toughening

Although there is considerable similarity between the three studies in their lists of participatory opportunities and learning activities, close comparisons should be treated with caution. Cheetham and Chivers (2001) present a shorter list than that generated in this research. This is because they only focus on what Eraut (2009) and this research refer to as learning activities. They give less attention to the way

in which learning activities are situated in particular participatory activities such as consulting service user files, working with service users or participating in a handover. This possibly reflects the emphasis on situated learning taken by this research and by Eraut.

Furthermore, some categories are not fully comparable. For example, Cheetham and Chivers' (2001) 'perspective changing/switching activities' have some similarities with the way in which the participants in this study described the reflective process of taking the service user's perspective. However, perspective changing/switching as described by Cheetham and Chivers (2001) also seems to incorporate 'practising in a different setting or in the same setting but in a different role' from this research. Similarly, although the category 'use of psychological devices/mental tricks' appears unique to Cheetham and Chivers' (2001) research, their description of this activity has some similarity to 'building and adapting conceptual understanding' from this research. However, Cheetham and Chiver's (2001) categorisation of 'use of psychological devices/mental tricks' in its reference to activities such as mental rehearsal or visualisation appears to be a category which does not fully fit with building conceptual understanding. Comparisons between studies are possible but direct correspondence between categories does not always exist.

So what of value can be taken from this comparison? Overall, the table suggests that support worker learning does not consist of a set of learning activities and participatory opportunities distinct from those of other groups. Support worker learning, like that of registered practitioners incorporates the reflection and

development of conceptual understanding that would characterise the work of a thinker as well as a doer. Therefore what is known about supporting the practice-based learning of registered workers can be potentially applied to support workers. Given the wealth of literature about registered workers and the paucity of material about support workers, this would be of advantage to those facilitating workforce development.

This conclusion needs to be treated cautiously though. Firstly, are the learning processes for support workers and registered practitioners really the same?

Unlike support workers, registered practitioners enter the workplace following a period of university study which may shape their approach to further learning.

For example, a study of support workers studying at university found changes in habits of mind and approaches to practice such as reflectiveness or increased awareness of good practice (Forrester-Jones and Hatzidimitriadou, 2006). Newly qualified physical therapists describe themselves drawing on the intellectual and physical resources associated with university study in their ongoing practice-based learning (Black et al., 2010). Furthermore, academic study may equip registered workers with the skills to research challenging everyday issues.

Finally, registered practitioner will be grounded in the conceptual underpinnings of health and social care work. They may engage with 'building and adapting conceptual understanding' differently to support workers who are unfamiliar with the terminology or the challenges of incorporating theoretical knowledge into their practice. Having studied at university may well change the character of a practitioners' practice-based learning.

In conclusion, this section described support worker learning as a multimodal process. Although ‘untrained’ compared to registered practitioners, support workers are learning through a varied and rich set of processes. They are learning in broadly similar ways to registered practitioners. Educational activity was seen as an important part of practice-based learning but it was only one method of many. This section also raises some further research questions. First, those supporting the practice-based learning of support workers may benefit from understanding which participatory opportunities and learning activities are most significant for support workers. Questions of significance raise questions of “significant for what?” This research suggests exploring significance from different bases. For example, significant learning for induction and for the ongoing development of experienced practitioners could be explored. Similarly, exploring significance in relation to different kinds of knowledge and skills would be of value. That is, what is the different character of participatory opportunities needed to master a medical technique versus the understanding appropriate to the person-centred work of supporting engagement in everyday activity.

Learning as a multimodal process raises questions about how the different approaches work together. Are there particular sequences of participatory opportunities and learning activities which are most effective? Furthermore, does education change the character of learning in practice? If so, what aspects of education would improve the participants’ ongoing learning?

Finally, support worker learning was described as similar to that of registered practitioners. However, only the surface of this topic has been scratched. Further

research could explore in detail the differences and similarities between support worker and registered worker learning.

7.2.2. Participatory opportunities, affordances and capability

Chapter five described a number of participatory opportunities associated with learning. These participatory opportunities are not simply an external context within which the individual operates. Participatory opportunities are an *extension of capability* not just in terms of the intramental legacy of intermental processes (i.e. extension through learning) but also in the way that people act by way of the social environment. As chapter five suggests, participation with others offered an external capacity or resource affording an opportunity for people to solve problems together, exchange tips and techniques or access different perspectives and understandings. Thus, capability is not simply something people possess but is what a group achieves together in a particular context and point in time (Ecclestone et al., 2010). Therefore, the way groups are developed and organised matters both in terms of the potential for learning and the quality of practice (Felstead et al., 2009). This point will be returned to in section 7.4.

Conceptualising participatory opportunities as ‘personal capability extended by work processes’ explains how the new entrants described in chapter five could enter the care workforce with limited experience and operate with some confidence. Participatory opportunities provided moment-by-moment guidance through models of practice or collegial advice, for example. The resources available through participatory opportunities were not simply a latent potential waiting to be taken up either. They pressed upon participants – colleagues

provided unasked-for guidance, tuned into the problems experienced by co-workers and intervened or applied pressure to take up training or particular tasks, for example. Those acting inappropriately were challenged, undermined or subject to strategic manoeuvres which shaped their practice.

This analysis adds another perspective to the popular solutions to the problems of poor care such as more training, better qualified practitioners or more regulation as discussed in chapter one. Practitioner capability and practice rests upon a more complex and contextualised process reinforcing recent thinking stressing the improvement of patient care through the transformation of cultures and ordinary working practices (see for example, Goodrich and Cornwell, 2008). Thus, a productive way of thinking about ensuring good care is to examine what kind of practice and learning is afforded by the participatory opportunities of the setting.

Chapter five also discussed workplace affordances - the dynamics of the workplace which invited and enabled engagement in participatory opportunities. As Billett (2001) found, the potential for learning was shaped, enabled or constrained by the workplace and the individual's role within it. Chapter two suggested that the support workers' role would determine workplace affordances. This research suggests that the support workers' role limited access to meetings, training courses, study leave or particular tasks constraining opportunities for learning. The gap between the aspiration and opportunity generated considerable frustration. Thinking about learning in terms of workplace affordances draws attention to the way in which the difficulties people have in developing their practice are broader than individual deficits such as poor motivation.

Participatory opportunities were rarely simply available or unavailable. The results suggested the need for a nuanced reading of affordances as a contextual dynamic shaping an individual's participation. Factors such as opportunities to negotiate tasks with managers, relationship dynamics giving rise to supportiveness and formalisation of particular work processes such as supervision or appraisal all shaped the character of an individual's participation. Affordances were also dynamic, situationally contingent and could be shaped through individual negotiation. Practitioners could negotiate extensions to their role, the acquisition of new tasks, transfers to different settings or access to specific training courses. Negotiating affordances did not appear an individualistic exercise of will though. The participants' preparedness to enter into a negotiation was related to processes such as opportunities to talk things through with colleagues, provide moral support, colleagues and seniors who recognised an individual's competencies or alliances with managers.

Therefore, a team of practitioners and their managers appear capable of exercising collective reflexivity in the sense of changing past routines to respond to an individual's personal needs or goals. The data suggests that workers with particular capabilities (for example, nursing skills, an understanding of social care agencies or experience in project development) or aspirations can provoke a manager to enable them to take on tasks in relevant areas – in other words, change the affordances of practice. People are 'autopoietic' (see Alheit, 2005), operating in a transactional relationship with their social and material world (Biesta and Tedder, 2007).

In conclusion then, the way in which participatory opportunities extended the participants' capabilities highlights the role of workplace practices in supporting good practice. Workplace affordances were also described. Although the support workers' role could constrain participation, it also can be characterised as a fluid and negotiable contextual dynamic reflecting a workplace's capacity for collective reflexivity. Given the negotiable nature of affordances, further research could explore the differing qualities and outcomes of workplaces where affordances are more negotiable and those where they are not.

7.3. Identity work

Research question three asked "how does individual identification influence engagement in practice-based learning?" This question addresses the concept of co-participation which suggests that learning not only arises out of a workplace's participatory opportunities (as discussed in the previous section) but also depends upon the individual's construal and willingness to engage in these (see Billett, 2004). Given that an individuals' construal and engagement is shaped by the relatedness between personal subjectivities and the demands of the participatory opportunity (Hodkinson et al., 2004), there is a need to characterise and explain this dynamic. Chapter two argued that one dimension of the motivating forces underpinning the construal and engagement in participatory opportunities were those related to identity work: the creation, presentation and sustenance of personal identities (Snow and Anderson, 1987, Stacey, 2011, Watson, 2008). The current research suggests that identity work is carried out through participation in practice. This section discusses three ways in which identity work was related to

the construal of, and engagement in, participatory opportunities – i. engagement in workplace affordances as identity work, ii. the pursuit of recognition as identity work and iii. congruence between temporal identification and practice.

7.3.1. Participatory opportunities, affordances and identity work

Chapters four to six all suggest that identification is a motive force in practice.

Chapter four described participants making their work their own by reconstructing past experiences in a way that was relevant to present demands and reflected their sense of themselves as, for example, teachers, nurses or parents. As a subjective reconstruction, their work was shaped by personal values, sense of satisfaction and biographical resources all of which generated a practice that the individual could identify with. Participants linked this identification to the authenticity and personal presencing (i.e. making their personal qualities visible) of effective care work. Overall, occupational practices present as a site within which people construct and sustain their identities, a theme which has been observed elsewhere (Bimrose and Brown, 2010, Honneth, 1995, Stacey, 2011).

In chapter five, participatory opportunities and affordances provided participants with a potential opportunity to construct their role in a way congruent with their identity - for example, opportunities to participate in particular tasks or to associate with workplace factions of like-minded practitioners. An affordance as an opportunity for participation can be seen therefore as more than a learning opportunity. An affordance reflects an inter-relationship between individual identity and social structure. Giddens (1991) argues that human beings answer the question of 'being' through their activity. Through involvement in a setting or

activity, an individual has an opportunity to enact their identification in terms of how they spend time or give it material form through the way they dress, appropriate mannerisms, personal style and so on. Choices around the kind of work one does provides a basic element of lifestyle orientation which underpins identity. Participation in the tasks, skills and practices characteristic of specific processes influence how people see themselves and how others see them (Felstead et al., 2010). Thus, identity boundaries are often marked by the activities individuals carry out which have symbolic as well as practical significance (Felstead et al., 2010).

Therefore, an affordance can be understood as an invitation to construct, present and sustain an identity through particular practices. For example, participants chose support work over other entry-level occupations such as supermarket work or cleaning. Some eschewed activities such as administrative or project work which were inconsistent with their preferred practices involving service user contact. They accessed, through discussions with managers, activities enabling expression of their biography or ambitions. Reinforcement or undermining of identification appears to be one determining factor in an individual's willingness to become involved in particular activity. Therefore, identification shapes orientation to learning.

In supporting practice-based learning, attention to the practitioner's identification is needed. In this section, identification is presented as a matter of personal fit with particular activities. Affordances can be understood as an opportunity to construct, present and sustain an identity through participation in certain practices.

Therefore, participation in practice can reinforce or undermine identification. As chapter six argued, an analytical framework can be found in temporal identification and recognition. This will be discussed next.

7.3.2. The pursuit of recognition as identity work

In chapter one, persistent problems of recruitment and retention (DfES/DH 2006) were linked to the low value attributed to support work. Low pay, poor conditions and lack of training reinforce the role's low value (Beresford, 2008). Support work as an entry level role is not held in high public esteem (APPGSC 2008). The status and value of a role is linked to identification because identity work incorporates the pursuit of self esteem (Snow and Anderson, 1987, Stacey, 2011). Chapter four presented a contradiction in the status of support work though. On one hand, support workers used the low status terms 'unqualified' or 'untrained' to describe themselves. On the other, they constructed a conception of capability that was an alternative to the normative and esteemed ideal of the 'trained professional'. Participants emphasised the three foundations of practical experience, 'natural ability' and extensive knowledge of services users. They saw their work as significant because of its important consequences for the service user's health and wellbeing. Through such a conception, support workers maintained a sense of value and status.

In chapter six, Honneth's (1995) thesis that self esteem and self realisation arise out of intersubjective recognition was applied to the participants' experience of learning. Participants felt recognised and esteemed when accessing participatory opportunities that enabled the expression, development and recognition (including

appropriate grading and salary) of their particular capabilities. Such participatory opportunities included being assigned everyday tasks or special projects appropriate to one's personal capabilities, role and educational activities.

Participants also valued team dynamics in which their in-depth knowledge of service users – a defining element in their sense of capability as a support worker – could be given voice in important meetings such as care planning. The motive forces determining individual construal of participatory opportunities that could foster learning, or a retrospective appraisal of the value of such opportunities, were linked to such recognition.

In Honneth's (1995) references to self realisation, he highlights the individual's desire for the flourishing of personal capabilities and ambitions through activity. The participants' accounts of how they linked care work to personal capabilities or ambitions and how they wanted their contribution recognised through opportunities for expression or extension highlights the way in which such fulfilment may be found in relatively low status work. Honneth's reference to self realisation not only implies the liberal humanist conception of personal flourishing (as described above), but he also appears to see it as a fundamental ontological need (Deranty, 2009). At essence, through recognition one establishes a sense of self as an autonomous and differentiated being (Honneth, 1995). Thus, participants stressed their unique capabilities and contributions not simply out of a pursuit of self esteem but for a more fundamental recognition of how they made their work their own. They judged participatory opportunities in similar terms.

In supporting workplace learning, Honneth's (1995) ideas draw attention to the importance of recognition as a source of identification. They provoke questions that can guide the support of learning. Are participatory opportunities enabling practitioners to express and extend their particular capabilities including those that are biographically unique? Is the recognition of work inclusive in that it recognises a wide range of personal capabilities? Is work and the outcomes of role extension graded and rewarded fairly?

Such questions may be considered idealistic. Some necessary elements of work are mundane, trivial and routine. The intersubjective nature of recognition implies that the recognised should consider what they are being recognised for as significant (Honneth, 1995). Possibly recognition for such tasks would be insignificant and trivialising. Also, there may be little time to provide recognition or personally tailored work tasks in the day-to-day challenge of keeping an under-resourced and oversubscribed service going. The participants' accounts of inadequate supervision and job appraisal suggest this may be the case. In Honneth's (1995) terms, such experiences are distortions of social relations reflecting the unavailability of recognition suggesting the importance of recognising all practitioners in some way. This is not to advocate recognising all personal capabilities at the cost of a coherent and service user-focused service. Accommodating and recognising all capabilities may be impossible and undesirable. There may be value in acknowledging that some people are simply not in the right job.

In conclusion, the construal and engagement in participatory opportunities can be seen as founded, in part, in the pursuit of self esteem and self realisation through the social recognition of capabilities. Despite the entry level status of support work, participants found it a source of self realisation and self esteem.

Participants appraised participatory opportunities in terms of their potential for esteemed work, personal development and opportunity to make work their own.

7.3.3. Temporal identification

The second dynamic underpinning individual construal of participatory opportunities relates to the participants' temporal identification. To summarise the argument in chapter six, congruence or incongruence between the individual's iterational or projective identification and the norms and activities of particular participatory opportunities generates four identificatory positions: congruence, personal change, social change and rejection or disengagement.

As suggested by activity theory, analyses of practice should incorporate the historicity of its components (Keating, 2005). Iterational identification with its emphasis on the significance individuals give to past practice provides a reminder and a means to characterise the impact of historicity. Crucially, this historicity can not be seen as deterministic. The participants' accounts of their temporal identification reflects Giddens' (1991) presentation of individuals as reflexive entities in their knowing reproduction of, learning from, adaption to and challenging of social conditions. The participants' iterational identification reproduced past patterns of practice but, as suggested by Giddens (1991), was not necessarily a non-reflective or unthinking activity. As Emirbayer and Misch

(1998) argue, reproducing past patterns can be a reflective, creative process and participants maintained iterational identification by approaching situations strategically to establish their way of doing things, negotiating their actions with others or attempting to change their workplaces.

However, participants did not present as fully self-determined and unencumbered by the constraints of their circumstances, a characteristic which Tucker (1998) argues is implicit in Giddens work. Congruence in the participants' identification was negotiated with colleagues and managers who may offer support or constraint. Biesta and Tedder's (2007) claim that agency is socially situated in that it is achieved in and through engagement with particular contexts was reflected in the participants' accounts. However, managers and colleagues could, at times, appear very willing to maintain iterational and projective identification. The context of care work described in chapter four is significant here. Maintaining an individual's identification with practice was clearly significant to their evocation of a caring approach to service users.

In addition to explaining participant construal of learning opportunities, the participants' temporal identification illuminates the dynamics of learning through practice. As noted by Fuller and Unwin (2003), practitioners did not enter workplaces as *tabula rasa*. Even those with no experience of support work did not present as blank slates. They maintained an iterational identification with their past practices and considered their capabilities as reflecting continuities with previous roles. In the fragmented nature of late modernity (Sennett, 1998),

including the disjunctive changes in work role described by participants, individuals find ways to establish continuity (Billett and Pavlova, 2005).

Such continuities appear particularly resilient in their embodied and at times, automatic nature. Past habits were hard to break. Jenna and Maya exerted conscious effort to establish alternative ways of practicing that were congruent with their workplace. Even though they had disidentified with past practice, unlearning past habits and learning new ones was demanding and frustrating. Similarly, those participants who experienced workplace conditions incongruent with their projective identification found their circumstances frustrating or disappointing. Examining an individual's temporal identification highlights that construal of participatory opportunities, participation and learning is emotionally freighted. In the light of this account, Emirbayer and Mische's (1998) account of agency and patterns of action, presents individuals as overly detached and unemotional.

Temporal identification reinforces the points made in chapter four about the participants' personal investment in practice. It highlights the way that the participatory opportunities associated with a learning initiative can evoke unpredictable responses from practitioners so that, for example, managerial support to go to university led Corinne to commit to her workplace but left Jenna questioning if she was in the right job. Although Jenna and Corinne's responses were comprehensible within the terms of their identification, there are even deeper questions about practitioner identification that need to be addressed. How is it that in one situation, incongruence with iterational identification will leave an

individual pushing for social change while in another, he or she may settle on personal change or disengagement? The socially situated and negotiated nature of identificatory positions suggests both contextual and personal elements will play a part. Given the significant implications for individual or collective learning, addressing this issue would be a valuable question for future research.

In conclusion, temporal identification draws attention to the historicity of workplaces and their inhabitants. Temporality reflects individual reflexivity and creativity in ensuring continuities across time as well as bringing about personal and social change. Temporal identification is negotiated with colleagues and managers reflecting its socially situated nature. Identification highlights the emotionally freighted nature of learning and explains the unpredictable individual responses to learning initiatives. This unpredictability suggests the need for further research questions.

7.4. Towards a leading learning model

This section proposes a model for supporting support worker learning. As managerial support is recognised as a significant determinant of workplace learning (Felstead et al., 2005), it is appropriate to define the implications of the research for managers specifically.

The multi-tiered perspective taken by learning needs analysis in the human resource management literature is a helpful starting point. A need for learning comprises of the capabilities an organisation requires to meet its objectives, the capabilities associated with a particular role and what an individual needs in order

to learn to add to their stock of personal competencies and achieve their full potential (Barbazette, 2006). CIPD (2006) offers a similar framing but also emphasises team needs as those involving skill mix as well as the capabilities needed for teamwork. While not framed in socio-cultural terms, learning needs analysis resonates with the perspective taken in this research in which learning is seen as arising out of the interplay of individual and contextual factors.

Learning needs analysis has some limitations. It assumes that people orient themselves to affordances in terms of their learning needs and not, as suggested above, based on their sense of identification. Furthermore, learning needs analysis implies what Kennedy (2005) describes as a deficit model of learning. In contrast, although the participants stressed learning through everyday practices, their engagement was not always motivated by a sense of personal deficit ('a learning need').

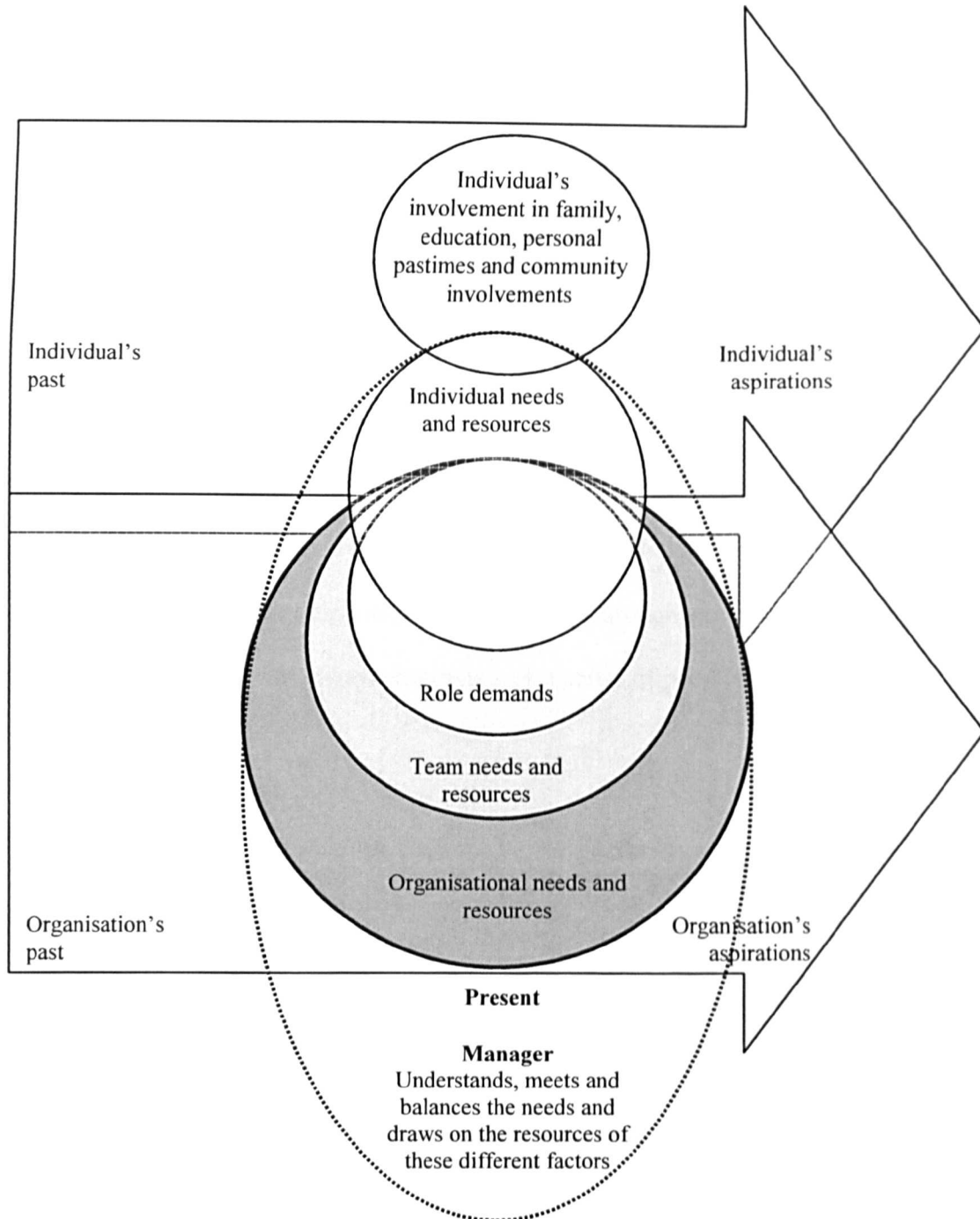
The way in which learning needs analysis frames learning as alignment of individual to organisation resonates with this research. However, it does not capture the negotiated mutual adjustment between individual and their team that makes up a dynamic of individual and collective development described in this research. Horwath and Morrison (2005) in their account of contradictions between professional, organisational and committed/radical perspectives stress the conflict inherent in these different tiers and as such resonates with the participants' experiences of dissonance, misrecognition and disidentification. Peel's (2003) management perspective appears to have considerable sympathy with the underlying tensions between individuals, organisations and the

competing interests of team members. He stresses the manager's role in juggling these. Consequently, a model for leading learning should incorporate the tension-filled interdependence between the varied and multilayered learning needs and resources.

Finally, the account of work processes that support learning activities presented in this research clearly suggest that the different levels should be understood as more than a 'need' but also a resource offering affordances and constraints for learning. Based on the socio-cultural framing of this research it is proposed that leading learning involves balancing needs within four domains presented in Figure 8³.

³ Thanks are due to Vicky Eves for her help in visualising figure 8.

Figure 8. Leading learning model



In leading learning, the manager needs to ensure that each role is performed competently. The manager must balance organisational requirements with the personal learning needs of each employee and the demands of managing a team

(Peel, 2003). The individual is depicted at an intersection with the role, the team and the organisation. However, individuals are not entirely subsumed by these domains as they have involvements outside of the workplace (family, engagement in education, personal pastimes, community involvements, for example) that will shape their work practice and how they construe their involvements there. For example, university study may shape how people do their job. Also, the individual's preferred balance of work involvements to family life will determine their attitudes to career progression or the acquisition of additional responsibilities.

Another concern relates to temporality. A team and organisation will also have collective goals or aspirations that will be more or less congruent with the individual's own imagined future. Similarly, a team and organisation's past will have shaped its practices, roles and routines. Individuals too will have their own history that they will identify with to some degree. Each domain in this model will be discussed in more detail before considering the interdependencies involved in facilitating individual learning.

1. Role demands: recognising a learning need requires managers to understand the particular nature and demands of the practitioner's role (Barbazette, 2006, DH, 2007). Particular roles require a diverse range of capabilities – appendix five presents a range of skills, knowledge and personal qualities. Chapter four highlights considerable diversity in support worker roles too. Furthermore, the distinction in role boundaries between support workers and registered workers can be rather ill defined. For example, this

research presented a number of roles that incorporated the registered workers' tasks.

This research has focused on the way in which the role is intended to be a caring one. Some argue that this issue has been neglected (CIDC, 2012). As discussed previously, caring work requires roles with the latitude to respond to service user needs. This implies tight-loose controls. Tight in the sense that certain procedures must be performed precisely and care provided with responsibility, a person-centred orientation and concern. At the same time, loose controls are also important as overly rigid prescriptions of performance can undermine meeting the service user's particular needs (Beresford, 2008).

- 2. Individual needs and resources:** individuals bring to the workplace personal resources that shape their approach to practice. As such, workers cannot be conceived of as empty vessels waiting to be filled, but as a resource in themselves who can contribute to everyday learning through work processes. Moreover, individuals seek some degree of temporal identification and self realisation through recognition which will shape the way in which they engage with any potential learning opportunity. Thus, as figure 8 shows, the individual's past and aspirations are concerns for leading learning. As suggested in chapter 6, the manager must be aware of their employees' past as this constitutes what they have learnt to do and may also reflect their particular routines, established practices, values and concerns. Similarly, the employees' aspirations for career progression or personal development will shape how they construe learning opportunities.

3. Team/organisational needs and resources. Chapter five highlighted that teams must work together to achieve the goals of the organisation and individuals will need to align themselves with these. The team's participatory opportunities provide an infrastructure for alignment and are required to support a range of learning activities. Despite the learning rich nature of occupational practice, some consider learning in relatively narrow terms such as training (CIPD 2006). However, this research highlights a broad range of possible participatory opportunities which could support learning. The manager's role therefore involves organising work processes or designing roles to support access to participatory opportunities that would support learning. For example, opportunities for co-working to encourage observation, shared planning and feedback, secondments to different settings, involvement in special projects, or meetings to discuss special issues are all ways of bringing participants together to access guidance and advice, alternative models of practice, opportunities for reflection or opportunities to develop new capabilities.

There are also issues of the right skill mix to make available the resources needed to support various forms of learning. For example, are there enough experienced workers with the right attitude available to be observed in practice or provide advice to newcomers? Are there those with specialist knowledge available to offer advice or training to support workers?

Also, this research highlighted the way in which affordances for participation vary between settings. Understanding learning through participation therefore

involves recognising the way in which practitioners are enabled or constrained in their participation.

The manager will also be leading a department or a team which collectively makes its own demands. Managers will need to ensure the correct skill mix to meet service needs – for example, participants such as Zoe, found themselves encouraged into participatory opportunities in order to develop skills lacking in the team. Organisational drives to develop support staff to take on greater responsibilities can be seen as a threat to registered workers who have traditionally been responsible for such tasks (Spilsbury and Meyer, 2004). Such tensions will need management.

The team is nested within a wider organisational context which will shape the affordances available for learning - resource levels determine staffing levels and the availability of training opportunities, for example. Standards of quality and safety established by regulatory bodies as well as legislative demands such as the need to attend to equal opportunities or health and safety laws will determine what learning opportunities are afforded at particular times. For example, the way in which participants described induction as becoming increasingly formalised and more effective at preparing them for their role reflected the requirements of the Care Quality Commission (see CQC, 2010). Similarly, as chapter one showed, the political and social context will also play a role in what is expected of practitioners as policy stresses principles such as person-centred practice or supporting independence.

The value of the leading learning model is that it highlights the way in which learning is not a uni-dimensional process. Fostering learning involves an awareness of educational opportunities as well as other participatory opportunities. It involves attending to individual needs, ambitions and capabilities. At the same time, the affordances of the sociocultural context at team and organisational levels should be considered. As figure 8 suggests, this context has its own temporality which is intertwined with, yet distinct from, that of the individual. Teams and organisations have some degree of a collective past which has established practices and routines. Organisations will also have collective goals which managers try to realise. Individuals may be more or less congruent with this history and future.

Finally, roles should be designed to support care but managers need to be aware of the particular standards and capabilities necessary for adequate performance. In leading learning, the manager considers the interdependencies between these levels. In order to support individual learning, two interdependencies will be discussed – i. between individuals and role demands and ii. between individual and team/organisational demands.

7.4.1. Interdependencies between individual and role demands

In considering the interdependency between the individual and role, the place of identification suggested by this research points to the need to avoid one-size-fits-all thinking. After all, an individual's learning will be most motivated and deep if connected to their desire for recognition and personal congruence. The

individuals' role will shape their identification with their practice and can determine the extent to which they can express and be recognised for their particular capabilities. Opportunities for individuals to negotiate their role and reshape it around their capabilities will play a part in their biographical coherence and therefore engagement in learning.

Individual practice has been described as a subjective and situational reconstruction. This dynamic was considered a factor in effective care. At the same time, attention to role implies the performance of particular tasks in a particular way or to an established standard. Kwaitek et al.'s (2005) discussion of the use of self suggests that underlying values and assumptions may lead practitioners to intervene in a way that is inappropriate to their role. After all, if the experience of mothering prepares one for care work, could this also bring with it inappropriately paternalistic attitudes? Not only do managers have a role in making such judgements but can also set up processes that enable what Kwaitek et al., (2005) refers to as a focus on the 'therapeutic self' – an evaluation of the way that the practitioner's personal characteristics and values impact on the user. They advocate promoting self awareness and reflection coupled with an understanding of person-centred practice and the appropriate use of 'presencing'. They focus on enabling practitioners to know themselves within the context of the work environment, their role and how internal and external factors shape behaviour.

This framing has strong resonances with Biesta and Tedder's (2007) suggestion that it can be fruitful for individuals to be encouraged to distance themselves from

their agentic orientations in order to develop an understanding of how they 'play out' in one's life. They suggest subjecting one's agency to attention, reflection, and evaluation through storytelling of one's life in order to understand how one is oriented to the world. Although they provide few hints as to how such a process could proceed or be used in practice, in terms of the therapeutic use of self, the individual could come to understand the appropriateness of operating out of past habits in the current role and be provoked to consider alternative future-based orientations.

While Kwaitek's et al's (2005) notion of therapeutic self emphasises reflection, the framing of the interrelationship between individual identification and role hints at issues of *who am I, what do I want to be, how do I want to be in this place, what do I feel comfortable doing and ready to develop further*. These are all questions involving the reflexive work of self authoring (see Giddens 1991). It may also be fruitful for reflection and professional supervision to consider such matters not only in relation to the individual, but also in terms of structuring roles to accommodate individual needs. After all, practitioners do not strive to be just another pair of labouring hands but desire to develop careers, professional identities and work with a meaningful vocation (Sennett, 1998). Furthermore, given that the lack of career opportunities frustrated support workers, this aspect of role demands attention. Willingness to push out the boundaries of a role to accommodate specialisation, enhanced responsibility and leadership can reduce staff turnover and improve morale (Stone, 2001). As was seen when Corinne's role was shaped to meet her social work aspirations, it enhanced her learning, motivation and commitment.

7.4.2. Interdependencies between individual and team/organisation

This research suggests that an organisation and team offer individuals a resource for much personal development. This has four implications for leading learning. First, there is a need to be aware of the range of possible participatory opportunities and the extent to which they afford participation. However, as the discussion of identification implies, it cannot be taken for granted that learning will take place. Learning cannot be predetermined and may be quite different from what is intended by management (Billett and Somerville, 2004). Learning depends upon how the opportunity is construed by the individual. Therefore, in order to support relatedness between individual and opportunity, leaders need to understand how he or she views the available opportunities. This is not simply a matter of evaluating learning opportunities but considering how the individual sees themselves in relation to the workplace.

Second, recognising the subjective and situational reconstruction of practice involves acknowledging that any learning opportunity can be limited in securing a precise performance of a task. However, such variation can be a positive force or a resource for learning rather than a problem. Incorporating such variability into work processes through regular group discussions or observations of different practitioners in practice has the potential to broaden the participants' understanding. While facilitating greater intersubjectivity (as in developing a shared understanding of a common method of practicing) is one aspect of this learning process, there is also value in exploring the personal reconstruction of practice in order to enrich the individuals' understanding of the appropriate

circumstances for different approaches to caring. This is an approach that incorporates building common approaches to practice such as the appropriate parameters of person-centred practice for example, while also establishing the nuanced character of effective care work.

Third, the results suggest that leading learning is partly a matter of acknowledging the identity work involved in making transitions into the organisation or progressing into different roles. The potentially high emotional overhead of transition or learning should be factored into any planned changes and supported through supervision or mentoring. However, there is a danger that the esoteric nature of a term like identity work alienates practitioners. This notion can be recast in ideas that have greater currency in health and social care. For example, in the research a manager talked about a 'person-centred plan' for practitioners in which they discuss their own goals for the future as well as their own unique needs, capabilities and commitments outside the workplace. Such a framing may hold greater resonance for practitioners.

Finally, this research suggests that for support workers there are few opportunities for progression within their role. Although an individual could progress by entering preregistration training, taking a management or administrative role, many practitioners suggested that they did not identify with such opportunities because they saw it as taking them away from the frontline practice that was a central part of their identity. It remains a particular challenge for leaders who wish to provide progression opportunities for practitioners who wish to retain a frontline role. Thinking about their workplaces as learning spaces is one way for

some form of progression through enhanced roles as mentors, specialists, providers of supervision or role models for shadowing.

7.5. Conclusion

The primary focus of any workplace is not learning (Felstead et al., 2009). Even so, learning permeates the support worker's everyday activities. This research draws attention to the way in which entry-level practitioners can approach their practice with a commitment to ongoing learning. It emphasises the diverse ways in which learning can be supported and how the organisation of the workplace may facilitate or constrain personal development. The role of identification stresses that the presence of participatory opportunities can only ever offer the potential for learning. So much depends upon the individual's construal and engagement. Finally, it is argued that if workplace managers recognised the way in which learning potentially infuses everyday activities, workplaces could be better organised to meet the challenge of providing a quality service and support individual self realisation.



IMAGING SERVICES NORTH

Boston Spa, Wetherby
West Yorkshire, LS23 7BQ
www.bl.uk

BLANK PAGE IN ORIGINAL



IMAGING SERVICES NORTH

Boston Spa, Wetherby
West Yorkshire, LS23 7BQ
www.bl.uk

BLANK PAGE IN ORIGINAL

References

- Health and Social Care Act* 2008. London: Her Majesty's Stationary Office.
- Alheit, P. 2005. Stories and structures: an essay on historical times, narratives and their hidden impact on adult learning. *Studies in the Education of Adults*, 37(2), pp.201-212.
- Alheit, P. & Dausien, B. 2002. The 'double face' of lifelong learning: two analytical perspectives on a 'silent revolution'. *Studies in the Education of Adults*, 34(1), pp.3-22.
- All-Party Parliamentary Group on Social Care. 2008. *Social care workforce inquiry 2007/08* [Online]. Available: <http://www.scie.org.uk/networks/appg.asp> [Accessed 9 March 2012].
- Allen, D. 2007. What do you do at work? Profession building and doing nursing. *International Nursing Review*, 54(1), pp.41-48.
- Angus, J., Kontos, P., Dyck, I., McKeever, P. & Poland, B. 2005. The personal significance of home: habitus and the experience of receiving long-term home care. *Sociology of Health & Illness*, 27(2), pp.161-187.
- Argyris, C. & Schön, D. 1974. *Theory in practice: increasing professional effectiveness*. San Francisco: Jossey-Bass.
- Argyris, C. & Schön, D. 1978. *Organizational learning: a theory of action perspective*. Reading: Addison Wesley.
- Atwal, A., Tattersall, K., Caldwell, K. & Craik, C. 2006. Multidisciplinary perceptions of the role of nurses and healthcare assistants in rehabilitation of older adults in acute health care. *Journal of Clinical Nursing*, 15(1), pp.1418-1425.
- Baker, K. 2005. Assessment in youth justice: professional discretion and the use of Asset. *Youth Justice*, 5(2), pp.106-122.
- Barbazette, J. 2006. *Training needs assessment: methods, tools and techniques (volume 1)*. San Francisco: Pfeiffer.
- Barnes, B. 2001. Practice as collective actions. In: Schatzki, T. R., Cetina, K. K. & Savigny, E. V. (eds.) *The practice turn in contemporary theory*. London: Routledge.
- Barnes, M. 2006. *Caring and social justice*. Basingstoke: Palgrave Macmillan.
- Barnes, M. 2011. Abandoning care? A critical perspective on personalisation from an ethic of care. *Ethics and Social Welfare*, 5(2), pp.153-167.

- Barnes, M. & Brannelly, T. 2008. Achieving care and social justice for people with dementia. *Nursing Ethics*, 15(3), pp.384-395.
- Barnett, R. 1999. Learning to work and working to learn. In: Boud, D. & Garrick, J. (eds.) *Understanding learning at work*. London: Routledge.
- Benner, P. 1984. *From novice to expert: excellence and power in clinical nursing practice*. London: Prentice-Hall International.
- Beresford, P. 2008. *What future for care?* [Online]. York: Joseph Rowntree Foundation. Available: http://www.leeds.ac.uk/disability-studies/archiveuk/beresford/Viewpoint_2290_Beresford%20FINAL.pdf [Accessed 1 September 2012].
- Biesta, G. & Tedder, M. 2007. Agency and learning in the life course: towards an ecological perspective. *Studies in the Education of Adults*, 39(2), pp.132-149.
- Billett, S. 1999. Guided learning at work. In: Boud, D. & Garrick, J. (eds.) *Understanding learning at work*. London: Routledge. pp.151-164.
- Billett, S. 2001. Learning throughout working life: Activities and interdependencies. *Studies in Continuing Education*, 23(1), pp.19-35.
- Billett, S. 2002a. Critiquing workplace learning discourses: participation and continuity at work. *Studies in the Education of Adults*, 34(1), pp.56-67.
- Billett, S. 2002b. Workplaces, communities and pedagogy: an activity theory view. In: Lea, M. R. & Nicoll, K. (eds.) *Distributed learning : social and cultural approaches to practice*. London: Routledge-Falmer. pp.83-97.
- Billett, S. 2004. Co-participation at work: learning through work and throughout working lives. *Studies in the Education of Adults*, 36(2), pp.190-205.
- Billett, S. 2008. Learning throughout working life: a relational interdependence between personal and social agency. *British Journal of Educational Studies*, 56(1), pp.39-58.
- Billett, S. 2010. Learning through practice. In: Billett, S. (ed.) *Learning through practice: models, traditions, orientations and approaches*. Dordrecht: Springer. pp.1-20.
- Billett, S. & Pavlova, M. 2005. Learning through working life: self and individuals' agentic action. *International Journal of Lifelong Education*, 24(3), pp.195-211.
- Billett, S. & Somerville, M. 2004. Transformations at work: identity and learning *Studies in Continuing Education*, 26(2), pp.309-326.

- Bimrose, J. & Brown, A. 2010. Older workers' transitions in work-related learning, careers and identities. *In: Ecclestone, K., Biesta, G. & Hughes, M. (eds.) Transitions and learning through the lifecourse*. Florence: Routledge. pp.182-196.
- Black, L.L., Jensen, G.M., Mostrom, E., Perkins, J., Ritzline, P.D., Hayward, L. & Blackmer, B. 2010. The first year of practice: an investigation of the professional learning and development of promising novice physical therapists. *Physical Therapy*, 90(12), pp.1758-1773.
- Blackman, A. 2009. District nursing past and present. *Primary Health Care*, 19(2), pp.16-18.
- Blanden, J., Gregg, P. & Machin, S. 2005. *Intergenerational mobility in Europe and North America* [Online]. London: Centre for Economic Performance. Available: <http://cep.lse.ac.uk/about/news/IntergenerationalMobility.pdf> [Accessed 1 September 2012].
- Bolton, S.C. 2004. A simple matter of control? NHS hospital nurses and new management. *Journal of Management Studies*, 41(2), pp.317-333.
- Boulton, D. & Hammersley, M. 1996. Analysis of unstructured data. *In: Sapsford, R. & Jupp, V. (eds.) Data collection and analysis*. London: Sage Publications Inc. pp.283-297.
- Bourdieu, P. 1977. *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- Bourdieu, P. 1990a. *In other words: essays towards a reflexive sociology*. Cambridge: Polity Press.
- Bourdieu, P. 1990b. *The logic of practice*. Stanford: Stanford University Press.
- Brechin, A. & Siddell, M. 2000. Ways of knowing *In: Gomm, R. & Davies, C. (eds.) Using evidence in health and social care*. London: Sage. pp.4-25.
- Buchan, J. & Dal Poz, M.R. 2002. Skill mix in the health care workforce: reviewing the evidence. *Bulletin of the World Health Organization*, 80(7), pp.575-580.
- Burkitt, I., Husband, C., MacKenzie, J., Torn, A. & Crow, R. 2001. *Nurse education and communities of practice*. London: The English National Board for Nursing, Midwifery and Health Visiting.
- Burwood, S. 2007. Imitation, indwelling and the embodied self. *Educational Philosophy and Theory*, 39(2), pp.118-134.
- Butterfield, L.D., Borgen, W.A., Amundson, N.E. & Maglio, A.S.T. 2005. Fifty years of the critical incident technique: 1954-2004 and beyond. *Qualitative Research*, 5(4), pp.475-497.

- Cameron, C. & Boddy, J. 2006. Knowledge and education for care workers: what do they need to know? *In: Boddy, J., Cameron, C. & Moss, P. (eds.) Care work: present and future*. London: Routledge. pp.50-70.
- Cameron, C. & Moss, P. 2007. *Care work in Europe: current understandings and future directions*. Abingdon: Routledge.
- Care Quality Commission. 2010. *Essential standards of quality and safety*. London: Care Quality Commission.
- Carr, S. 2010. *Personalisation: a rough guide* [Online]. London: Social Care Institute for Excellence. Available: <http://www.scie.org.uk/publications/guides/guide47/files/guide47.pdf> [Accessed 2 September 2012].
- Chamberlynn, P., Bornatt, J. & Apitzsch, U. 2004. *Biographical methods and professional practice: an international perspective*. Bristol: The Policy Press.
- Chaney, G., Callaghan, L., Moore, L. & Taylor, G. 2005. *Building common foundations: identifying a common core curriculum and accreditation framework for foundation degrees in health and social care*. Exeter: The Higher Education Regional Development Association - South West.
- Cheetham, G. & Chivers, G. 2001. How professionals learn in practice: an investigation of informal learning amongst people working in the professions. *Journal of European Industrial Training*, 25(5), pp.247-292.
- CIPD. 2006. *Identifying learning needs in organisations* [Online]. Available: <http://www.cipd.co.uk/NR/rdonlyres/BAE22874-1D3C-4912-BBD9-1C14803E8A44/0/1843981645sc.pdf> [Accessed 8 September 2012].
- Clouder, L. 2005. Caring as a 'threshold concept': transforming students in higher education into health(care) professionals. *Teaching in Higher Education*, 10(4), pp.505-517.
- Coffey, A. 2004. Perceptions of training for care attendants employed in the care of older people. *Journal of Nursing Management*, 12(5), pp.322-328.
- Cohen, L., Manion, L. & Morrison, K. 2002. *Research methods in education*. London: RoutledgeFalmer.
- Collin, K. & Maija Valleala, U. 2005. Interaction among employees: how does learning take place in the social communities of the workplace and how might such learning be supervised? *Journal of Education and Work*, 18(4), pp.401-420.
- Commission for Social Care Inspection. 2009. *The state of social care in England 2007-2008* [Online]. London: Commission for Social Care Inspection.

- Available:
http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Other_reports_and_guidance/The_state_of_social_care_in_England_2007-08.pdf [Accessed 28 August 2012].
- Conner, T. & McKnight, J. 2003. Workforce transformations: building firm foundations. *Nursing Management*, 10(7), pp.24-26.
- Cooper, B. & Rixon, A. 2001. Integrating post-qualification study into the workplace: the candidates' experience. *Social Work Education*, 20(6), pp.701-716.
- Cope, J. & Watts, G. 2000. Learning by doing – an exploration of experience, critical incidents and reflection in entrepreneurial learning. *International Journal of Entrepreneurial Behaviour & Research*, 6(3), pp.104-124.
- Cox, A. 2007. *Re-visiting the NVQ Debate: 'Bad' Qualifications, Expansive Learning Environments and Prospects for Upskilling Workers* [Online]. Available:
<http://www.skope.ox.ac.uk/sites/default/files/Research%20Paper%2071%20Cox.pdf> [Accessed 7 February 2007].
- Crinson, I. 2009. *Health policy: a critical perspective*. London: Sage Publications Ltd.
- Crowley, C., Harre, R. & Tagg, C. 2002. Qualitative research and computing: methodological issues and practices in using QSR NVivo and NUD*IST. *International Journal of Social Research Methodology*, 5(3), pp.193-197.
- D'Cruz, H. 2009. Social work knowledge in practice. In: D'Cruz, H., Jacobs, S. & Schoo, A. (eds.) *Knowledge-in-practice in the caring professions: multidisciplinary perspectives*. Farnham: Ashgate Publishing Limited.
- de Jonge, J., Le Blanc, P.M., Peeters, M.C.W. & Noordam, H. 2008. Emotional job demands and the role of matching job resources: A cross-sectional survey study among health care workers. *International Journal of Nursing Studies*, 45(10), pp.1460-1469.
- Department for Education and Skills/Department of Health. 2006. *Options for excellence: building the social care workforce of the future* [Online]. Leeds: Department of Health. Available:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4140087.pdf [Accessed 13 March 2012].
- National Health Service and Community Care Act*. 1990. London: HMSO.
- Department of Health. 1999. *The national service framework for mental health* [Online]. London: Department of Health. Available:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4077209.pdf [Accessed 9 September 2012].

- Department of Health. 2001. *Valuing people: a new strategy for learning disability for the 21st century* [Online]. London: HMSO. Available: <http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf> [Accessed 28 August 2012].
- Department of Health. 2006a. *Our Health, Our Care, Our Say: A New Direction for Community Services* [Online]. London: The Stationary Office. Available: http://dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127459.pdf [Accessed 9 September 2012].
- Department of Health. 2006b. *The regulation of the non-medical healthcare professions: a review by the Department of Health* [Online]. Leeds: Department of Health. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137295.pdf [Accessed 21 September 2012].
- Department of Health. 2007. *Confidence in caring: a framework for best practice* [Online]. Leeds: Department of Health. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086388.pdf [Accessed 2 September 2012].
- Department of Health. 2008a. *High quality care for all - NHS next stage review final report* [Online]. London: HMSO. Available: <http://www.official-documents.gov.uk/document/cm74/7432/7432.pdf> [Accessed 2 September 2012].
- Department of Health. 2008b. *Valuing people now* [Online]. London: Department of Health. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf [Accessed 3 September 2012].
- Department of Health. 2010. *Equity and excellence: Liberating the NHS* [Online]. London: HMSO. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf [Accessed 3 September 2012].
- DePoy, E. & Gitlin, L.N. 1994. *Introduction to research: multiple strategies for health and human services*. St. Louis: Mosby-Year Book.
- Deranty, J.P. 2009. *Beyond communication: a critical study of Axel Honneth's social philosophy*. Leiden: Brill Academic Publishing.
- Dervin, B. 1998. Sense-making theory and practice: an overview of user interests in knowledge seeking and use. *Journal of Knowledge Management*, 2(2), pp.36-46.

- Dewey, J. 1917 [1980]. The need for a recovery of philosophy. *In*: Boydston, J. A. (ed.) *Middle works 10*. Carbondale: Southern Illinois University Press. pp.3-48.
- Dey, I. 1993. *Qualitative data analysis: a user friendly guide for social scientists*. London: Routledge.
- Dienes, Z. & Berry, D. 1997. Implicit learning: below the subjective threshold. *Psychonomic Bulletin and Review*, 4(1), pp.3-23.
- Dreyfus, H.L. & Dreyfus, S.E. 2005. Expertise in Real World Contexts. *Organization Studies*, 26(5), pp.779-792.
- Dunn, M.C., Clare, I.C.H. & Holland, A.J. 2010. Living 'a life like ours': support workers' accounts of substitute decision-making in residential care homes for adults with intellectual disabilities. *Journal of Intellectual Disability Research*, 54(2), pp.144-160.
- Dunning, J. 2011. Fears grow over non-social workers carrying out reassessments, *Community Care* [Online], Available: <http://www.communitycare.co.uk/Articles/14/03/2011/116464/fears-over-non-social-workers-carrying-out-assessments.htm> [Accessed 2 September 2012].
- Ecclestone, K. 2007. Editorial - An identity crisis? Using concepts of 'identity', 'agency' and 'structure' in the education of adults. *Studies in the Education of Adults*, 39(2), pp.121-131.
- Ecclestone, K., Biesta, G. & Hughes, M. 2010. Transitions in the lifecourse: the role of identity, agency and structure. *In*: Ecclestone, K., Biesta, G. & Hughes, M. (eds.) *Transitions and learning through the lifecourse*. Florence: Routledge. pp.1-15.
- Edmond, N., Aranda, K., Gaudoin, R. & Law, K. 2011. The 'assistant practitioner' as 'associate professional'? Professional development of intermediate roles in health and social care and education. *Studies in Continuing Education*, 34(1), pp.45-56.
- Edwards, A. 2005. Let's get beyond community and practice: the many meanings of learning by participating. *Curriculum Journal Curriculum Journal J1 - Curriculum Journal*, 16(1), pp.49-65.
- Edwards, A. 2010. *Being an expert professional practitioner: the relational turn in expertise*. Dordrecht: Springer.
- Edwards, J.K. & Bess, J.M. 1998. Developing effectiveness in the therapeutic use of self. *Clinical Social Work Journal*, 26(1), pp.89-105.
- Edwards, M. 1997. The health care assistant: usurper of nursing? *British Journal of Community Nursing*, 2(10), pp.490-494.

- Edwards, S.D. 2009. Three versions of an ethics of care. *Nursing Philosophy*, 10(4), pp.231-240.
- Elkjaer, B. 2009. Pragmatism: a learning theory for the future. In: Illeris, K. (ed.) *Contemporary theories of learning*. Abingdon: Routledge. pp.74-89.
- Emirbayer, M. & Mische, A. 1998. What is agency? *American Journal of Sociology*, 103(4), pp.962-1023.
- Engeström, Y. 1996. Developmental studies of work as a test bench of activity theory: the case of primary care medical practice. In: Chaiklin, S. & Lave, J. (eds.) *Understanding practice: perspectives on activity and context*. Cambridge: Cambridge University Press. pp.64-103.
- Engeström, Y. 1999a. Activity theory and individual and social transformation In: Engeström, Y., Miettinen, R. & Punamäki, R. L. (eds.) *Perspectives on activity theory*. Cambridge: Cambridge University Press. pp.19-38.
- Engeström, Y. 1999b. Innovative learning in work teams: Analysing cycles of knowledge production in practice. In: Engeström, Y., Miettinen, R. & Punamäki, R. L. (eds.) *Perspectives on activity theory*. Cambridge: Cambridge University Press. pp.377-404.
- Engeström, Y. 2001. Expansive learning at work: toward an activity theoretical reconceptualization. *Journal of Education and Work*, 14(1), pp.133-156.
- Engeström, Y. & Miettinen, R. 1999. Introduction. In: Engeström, Y., Miettinen, R. & Punamäki, R.-L. (eds.) *Perspectives on activity theory*. Cambridge: Cambridge University Press. pp.1-18.
- Eraut, M. 1994. *Developing professional knowledge and competence*. London: The Falmer Press.
- Eraut, M. 2000. Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology*, 70(1), pp.113-136.
- Eraut, M. 2002. Conceptual analysis and research questions: do the concepts of "learning community" and "community of practice" provide added value? *Paper presented at Annual Meeting of the American Educational Research Association*, New Orleans, LA. 1-5 April 2002.
- Eraut, M. 2004a. Informal learning in the workplace. *Studies in Continuing Education*, 26(2), pp.247-273.
- Eraut, M. 2004b. Learning to change and/or changing to learn. *Learning in Health and Social Care*, 3(3), pp.111-117.

- Eraut, M. 2004c. Transfer of knowledge between education and workplace settings. *In: Fuller, A., Munro, A. & Rainbird, H. (eds.) Workplace learning in context* London: Routledge.
- Eraut, M. 2005. Uncertainty in the analysis and interpretation of research information. *Learning in Health and Social Care*, 4(3), pp.111–116.
- Eraut, M. 2006. Learning contexts. *Learning in Health and Social Care*, 5(1), pp.1-8.
- Eraut, M. 2009. How professionals learn through work *In: Jackson, N. (ed.) Learning to be professional through a higher education* [Online]. Available: <http://learningtobeprofessional.pbworks.com/f/CHAPTER+A2+MICHAEL+ERAUT.pdf> [Accessed 18 November 2011].
- Eraut, M. 2010. Knowledge, working practices and learning. *In: Billett, S. (ed.) Learning through practice: models, traditions, orientations and approaches*. Dordrecht: Springer. pp.37-58.
- Eraut, M. 2011. Informal learning in the workplace: evidence on the real value of work-based learning (WBL). *Development and Learning in Organizations*, 25(5), pp.8-12.
- Eraut, M., Steadman, S., Furner, J., Maillardet, F., Miller, C., Ali, A. & Blackman, C. 2004. Learning in the professional workplace: relationships between learning factors and contextual factors. *Paper presented at American Educational Research Association Conference*, San Diego, USA. 12 April 2004.
- Ericsson, K.A. & Oliver, W.L. 1995. Cognitive skills. *In: Mackintosh, N. J. & Colman, A. M. (eds.) Learning and skills*. Harlow: Longman Group Limited. pp.37-55.
- Evans, K. 2002. Taking control of their lives? Agency in young adult transitions in England and the New Germany. *Journal of Youth Studies*, 5(3), pp.245-269.
- Evans, K., Kersh, N. & Sakamoto, A. 2004. Learner biographies: exploring tacit dimensions of knowledge and skills. *In: Rainbird, H., Fuller, A. & Munro, A. (eds.) Workplace learning in context*. London: Routledge.
- Felstead, A., Bishop, D., Fuller, A., Jewson, N., Unwin, L. & Kakavelakis, K. 2010. Working as belonging: the management of personal and collective identities. *In: Ecclestone, K., Biesta, G. & Hughes, M. (eds.) Transitions and learning through the lifecourse*. Florence: Routledge. pp.147-161.
- Felstead, A., Fuller, A., Jewson, N. & Unwin, L. 2009. *Improving working as learning*. Abingdon: Routledge.

- Felstead, A., Fuller, A., Unwin, L., Ashton, D., Butler, P. & Lee, T. 2005. Surveying the scene: learning metaphors, survey design and the workplace context. *Journal of Education and Work*, 18(4), pp.359-383.
- Fenton-O'Creevy, M., Knight, P. & Margolis, J. 2006. A practice-centred approach to management education. *New Visions for Graduate Education*, 103-123.
- Fessey, C. 2002a. Capturing expertise in the development of practice: methodology and approaches. *Learning in Health and Social Care*, 1(1), pp.47-58.
- Fessey, C. 2002b. The development of clinical nursing capability: an analysis of progression towards individual clinical and role skills in a surgical ward. *Learning in Health and Social Care*, 1(4), pp.171-178.
- Field, J. & Malcolm, I. 2006. *Learning working lives: a working paper* [Online]. Stirling: University of Stirling. Available: http://www.tlrp.org/project%20sites/LearningLives/papers/working_papers/Working_paper_3_Stirling_June_06.pdf [Accessed 2 September 2012].
- Finlay, W.M.L., Walton, C. & Antaki, C. 2008. Promoting choice and control in residential services for people with learning disabilities. *Disability & Society*, 23(4), pp.349-360.
- Fish, D. & Coles, C. 2000. Seeing anew: understanding professional practice as artistry. In: Davies, C., Finlay, L. & Bullman, A. (eds.) *Changing practice in health and social care*. London: Sage Publications Ltd.
- Fleming, G. & Taylor, B. 2007. Battle on the home care front: perceptions of home care workers of factors influencing staff retention in Northern Ireland. *Health and Social Care in the Community*, 15(1), pp.67-76.
- Fleming, T. 2011. Recognition in the work of Axel Honneth: implications for transformative learning theory. *Paper presented at Transformative learning in time of crisis: individual and collective challenges*, New York & Athens: Teachers College, Columbia University & The Hellenic Open University. 2011.
- Forbat, L. 2005. Introduction: the physical context of care. In: Malone, C., Forbat, L., Robb, M. & Seden, J. (eds.) *Relating experience: stories from health and social care*. Abingdon: Routledge. pp.115-117.
- Ford, J. & Honnor, J. 2000. Job satisfaction of community residential staff serving individuals with severe intellectual disabilities. *Journal of Intellectual & Developmental Disability*, 25(4), pp.343-362.
- Forrester-Jones, R. & Hatzidimitriadou, E. 2006. Learning in the real world? Exploring widening participation student views concerning the "fit"

- between knowledge learnt and work practices. *Assessment & Evaluation in Higher Education*, 31(6), pp.611-624.
- Foster, P. 1996. Observational research. In: Sapsford, R. & Jupp, V. (eds.) *Data collection and analysis*. London: Sage Publications Inc. pp.57-93.
- Fuller, A. & Unwin, L. 2003. Fostering workplace learning: looking through the lens of apprenticeship. *European Educational Research Journal*, 2(1), pp.41-55.
- Fuller, A. & Unwin, L. 2004. Expansive learning environments: integrating organizational and personal development. In: Rainbird, H., Fuller, A. & Munro, A. (eds.) *Workplace learning in context*. London: Routledge. pp.38-53.
- Fuller, A. & Unwin, L. 2005. Older and wiser?: workplace learning from the perspective of experienced employees. *International Journal of Lifelong Education*, 24(1), pp.5-19.
- Gallacher, J., Crossan, B., Field, J. & Merrill, B. 2002. Learning careers and the social space: exploring the fragile identities of adult returners in the new further education. *International Journal of Lifelong Education*, 21(6), pp.493-509.
- Gates, B. 2010. When a workforce strategy won't work: Critique on current policy direction in England, UK. *Journal of Intellectual Disabilities*, 14(4), pp.251-258.
- General Social Care Council. 2007. *The social care register explained* [Online]. Available: <http://www.gsccl.org.uk/The+Social+Care+Register/The+Social+Care+Register+explained/> [Accessed 20 April 2007].
- Gibson, J.J. 1986. *The ecological approach to visual perception*. Hillsdale: Lawrence Erlbaum Associates.
- Giddens, A. 1979. *Central problems in social theory: action, structure and contradiction in social analysis*. London: Macmillan.
- Giddens, A. 1991. *Modernity and self-identity: self and society in the late modern age*. Cambridge: Polity Press.
- Glaister, A. 2008. Introducing critical practice. In: Fraser, S. & Matthews, S. (eds.) *The critical practitioner in health and social care*. London: Sage Publications Ltd/The Open University. pp.8-26.
- Glaser, B.G. & Strauss, A.L. 1967. *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine Publishing Company.

- Goodrich, J. & Cornwell, J. 2008. *Seeing the person in the patient: the point of care review paper* [Online]. London: The King's Fund. Available: <http://www.kingsfund.org.uk/document.rm?id=8142> [Accessed 2 September 2012].
- Gottlieb, L.N., Feeley, N. & Dalton, C. 2006. *The collaborative partnership approach to care: a delicate balance*. Toronto: Elsevier-Canada.
- Guile, D. 2006. Learning across contexts. *Educational Philosophy and Theory*, 38(3), pp.251-268.
- Hager, P. & Halliday, J. 2009. *Recovering informal learning: wisdom, judgement and community*. Dordrecht: Springer.
- Haidet, P. 2007. Jazz and the 'art' of medicine: improvisation in the medical encounter. *Annals of Family Medicine*, 5(2), pp.164-169.
- Hamington, M. 2004. *Embodied care: Jane Addams, Maurice Merleau-Ponty, and feminist ethics*. Urbana: University of Illinois Press.
- Hammersley, M. 1998. *Reading ethnographic research: a critical guide*. London: Longman.
- Hancock, H., Campbell, S., Ramprogus, V. & Kilgour, J. 2005. Role development in healthcare assistants: the impact of education on practice. *Journal of Evaluation in Clinical Practice*, 11(5), pp.489-498.
- Handley, K., Clark, T., Fincham, R. & Sturdy, A. 2007. Researching situated learning : participation, identity and practices in client-consultant relationships. *Management Learning*, 38(2), pp.173-191.
- Hauer, K.E., Hirsh, D., Ma, I., Hansen, L., Ogur, B., Poncelet, A.N., Alexander, E.K. & O'Brien, B.C. 2012. The role of role: learning in longitudinal integrated and traditional block clerkships. *Medical Education*, 46(7), pp.698-710.
- Henderson, J. 2001. Learning, changing and managing in mental health. *Journal of Interprofessional Care*, 15(4), pp.369-382.
- Henwood, K. & Pidgeon, N. 2003. Grounded theory in psychological research. In: Camic, P. M., Rhodes, J. E. & Yardley, L. (eds.) *Qualitative research in psychology: expanding perspectives in methodology and design*. Washington: American Psychological Association. pp.131-155.
- Hewison, A. 2012. Delivering health and social care for people with long-term conditions: the policy context. In: Lloyd, C. E. & Heller, T. (eds.) *Long-Term Conditions: Challenges in Health and Social Care*. London: Sage Publications Ltd.

- Higgs, J., Andresen, L. & Fish, D. 2004. Practice knowledge - its nature, sources and contexts. In: Higgs, J., Richardson, B. & Dahlgren, M. A. (eds.) *Developing practice knowledge for health professionals*. Edinburgh: Butterworth-Heinemann. pp.51-70.
- Hobbs, D. 2006. *Ethnography*. London Sage Publications Ltd.
- Hochschild, A. 1983. *The managed heart*. Berkeley: University of California Press.
- Hodges, D.C. 1998. Participation as dis-identification with/in a community of practice. *Mind, Culture & Activity*, 5(4), pp.272-290.
- Hodkinson, P. 1998. How young people make career decisions. *Education + Training*, 40(6/7), pp.301-306.
- Hodkinson, P., Biesta, G. & James, D. 2008a. Understanding learning culturally: overcoming the dualism between social and individual views of learning. *Vocations and Learning*, 1(1), pp.27-47.
- Hodkinson, P., Hodkinson, H., Evans, K., Kersh, N., Fuller, A., Unwin, L. & Senka, P. 2004. The significance of individual biography in workplace learning. *Studies in the Education of Adults*, 36(1), pp.6-24.
- Hodkinson, P., Hodkinson, H., Hawthorn, R. & Ford, G. 2008b. *Learning through life* [Online]. Learning Lives Summative Working Paper 1: Economic and Social Research Council. Available: http://www.tlrp.org/project%20sites/LearningLives/papers/working_papers/paper_1_learning_through_life_final_20072008.pdf [Accessed 2 September 2012].
- Hodkinson, P. & Macleod, F. 2010. Contrasting concepts of learning and contrasting research methodologies: affinities and bias. *British Educational Research Journal*, 36(2), pp.173-189.
- Hodkinson, P., Sparkes, A.C. & Hodkinson, H. 1996. *Triumphs and tears: young people, markets and the transition from school to work*. London: David Fulton.
- Holloway, W. 2006. *The capacity to care: gender and ethical subjectivity*. Hove: Routledge.
- Honneth, A. 1995. *The struggle for recognition: the moral grammar of social conflicts*. Cambridge: The MIT Press.
- Horwath, J. & Morrison, T. 2005. *Effective staff training in social care: from theory to practice*. New York: Routledge.
- Howe, D. 2009. *A brief introduction to social work theory*. Basingstoke: Palgrave/Macmillan.

- Humphries, R. 2010. *Dartington review on the future of adult social care* [Online]. Totnes: The Dartington Hall Trust. Available: <http://www.ripfa.org.uk/images/downloads/OverviewReport.pdf> [Accessed 2 September 2012].
- Hutchins, E. 1996. Learning to navigate. In: Chaiklin, S. & Lave, J. (eds.) *Understanding practice: perspectives on activity and context*. Cambridge: Cambridge University Press. pp.35-63.
- Jacobs, S. 2009. Ideas of knowledge in practice. In: D'Cruz, H., Jacobs, S. & Schoo, A. (eds.) *Knowledge-in-practice in the caring professions: multidisciplinary perspectives*. Farnham: Ashgate. pp.13-28.
- James, D. & Biesta, G. 2007. *Improving learning cultures in further education*. Abingdon: Routledge.
- Jarvis, P. 2006. *Towards a comprehensive theory of human learning*. Abingdon: Routledge.
- Jenkins, R. 1992. *Pierre Bourdieu*. London: Routledge.
- Keating, M., Clara 2005. The person in the doing: negotiating the experience of self. In: Barton, D. & Tusting, K. (eds.) *Beyond communities of practice: language, power and social context*. Cambridge: Cambridge University Press.
- Keen, P. 1991. Caring for ourselves. In: Neil, R. M. & Watts, R. (eds.) *Caring and nursing: explorations in feminist perspectives*. New York: National League for Nursing. pp.173-188.
- Keeney, S., Hasson, F. & McKenna, H. 2005. Healthcare assistants' experiences and perceptions of participating in a training course. *Learning in Health and Social Care*, 4(2), pp.78-88.
- Keller, C. & Keller, J.D. 1996. Thinking and acting with iron. In: Chaiklin, S. & Lave, J. (eds.) *Understanding practice: perspectives on activity and context*. Cambridge: Cambridge University Press. pp.125-143.
- Kennedy, A. 2005. Models of continuing professional development: a framework for analysis. *Journal of In-Service Education*, 31(2), pp.235-250.
- Kennedy, M.M. 1987. Inexact sciences: professional education and the development of expertise. *Review of Research in Education*, 14(1), pp.133-167.
- Kerr, D., Wilkinson, H. & Cunningham, C. 2008. *Supporting older people in care homes at night* [Online]. York: Joseph Rowntree Foundation. Available: <http://www.jrf.org.uk/sites/files/jrf/night-care-older-people.pdf> [Accessed 2 September 2012].

- Knight, C., Lamer, S. & Waters, K. 2004. Evaluation of the role of the rehabilitation assistant. *International Journal of Therapy & Rehabilitation*, 11(7), pp.311-317.
- Kontos, P.C. & Naglie, G. 2009. Tacit knowledge of caring and embodied selfhood. *Sociology of Health & Illness*, 31(5), pp.688-704.
- Kubiak, C., Harris, A. & Rogers, A. 2005. Boundary creatures and boundary learning: creating a foundation degree in health and social care at The Open University. *Paper presented at European Conference for Educational Researchers*, University of Dublin. 7-10 September 2005.
- Kubiak, C., Rogers, A. & Turner, A. 2007. A path of crazy paving: tensions of work-based learning in health and social care. *Paper presented at European Conference for Educational Researchers*, University of Ghent. 19 - 21 September 2007.
- Kwaitek, E., McKenzie, K. & Loads, D. 2005. Self awareness and reflection: exploring the 'therapeutic use of self'. *Learning Disability Practice*, 8(3), pp.27-31.
- Lambe, P. 2006. Conceptualising and measuring agency using the British Household Panel Survey. *Paper presented at British Educational Research Association Annual Conference*, University of Warwick. 6-9 September 2006.
- Lave, J. 1996. The practice of learning. In: Chaiklin, S. & Lave, J. (eds.) *Understanding practice: perspectives on activity and context*. Cambridge: Cambridge University Press. pp.3-32.
- Lave, J. & Wenger, E. 1991. *Situated learning: legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Liveng, A. 2010. Learning and recognition in health and care work: an inter-subjective perspective. *Journal of Workplace Learning*, 22(1/1), pp.41-52.
- Loyal, S. 2003. *The sociology of Anthony Giddens*. London: Pluto Press.
- MacDonald, K. 2006. Social theory at work. In: Korczynski, M., Hodson, R. & Edwards, P. K. (eds.) *Professional work*. Oxford: Oxford University Press. pp.356-387.
- Mackey, H. 2004. An extended role for support workers: the views of occupational therapists. *International Journal of Therapy & Rehabilitation*, 11(6), pp.259-266.
- Malcolm, I. & Field, J. 2005. Researching learning/working lives: issues of identity, agency and changing experiences of work. *Paper presented at*

35th Annual Standing Conference on University Teaching and Research in the Education of Adults, University of Sussex, England. 5-7 July 2005.

- Manthorpe, J. & Martineau, S. 2008. Support workers: their role and tasks. A scoping review. London: Social Care Workforce Research Unit.
- Manthorpe, J., Martineau, S., Moriarty, J., Hussein, S. & Stevens, M. 2010. Support workers in social care in England: a scoping study. *Health & Social Care in the Community*, 18(3), pp.316-324.
- Mason, J. 2002. *Qualitative researching*. London: Sage.
- McBride, A., Mustchin, S., Hyde, P., Antonacopoulou, E., Cox, A. & Walshe, K. 2004. *Mapping the progress of skills escalator activity: early results from a survey of learning account and NVQ managers in Strategic Health Authorities. Phase 1: Part I report* [Online]. Manchester: Manchester School of Management. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4092622.pdf [Accessed 6 September 2012].
- McConkey, R., McAuley, P., Simpson, L. & Collins, S. 2007. The male workforce in intellectual disability services. *Journal of Policy and Practice in Intellectual Disabilities*, 4(3), pp.186-193.
- McGregor, J. 2007. 'Joining the BBC (British Bottom Cleaners)': Zimbabwean migrants and the UK care industry. *Journal of Ethnic and Migration Studies*, 33(5), pp.801-824.
- McKee, A. 2002. Working and learning in hospitals: junior doctors adrift in fragmented communities. *Learning in Health and Social Care*, 1(3), pp.158-169.
- Miller, C. & Blackman, C. 2003. *Interim report - early career learning: nursing sector* [Online]. London: Teaching and Learning Research Programme. Available: http://www.tlrp.org/dspace/retrieve/131/report_nursing.pdf [Accessed 2 September 2012].
- Mithran, S. 2009. Scrapping qualifications target 'will stymie skills'. *Community Care*, 9 March, p.8.
- Mol, A. 2008. *The logic of care: health and the problem of patient choice*. London: Routledge.
- Moore, J. 2010. Classic grounded theory: a framework for contemporary application. *Nurse Researcher*, 17(4), pp.41-48.
- Moss, P., Cameron, C. & Boddy, J. 2006. Care work, present and future: introduction. In: Boddy, J., Cameron, C. & Moss, P. (eds.) *Care work: present and future*. London: Routledge. pp.3-17.

- Munro, A., Holly, L. & Rainbird, H. 2000. "My ladies aren't interested in learning": managers, supervisors and the social context of learning. *International Review of Education*, 46(6), pp.515-528.
- Nancarrow, S.A. & Mountain, G.A. 2002. *Staffing intermediate care services: a review of the literature to inform workforce development*. Sheffield: Sheffield Hallam University Press.
- NHS Careers. Undated. *Healthcare assistants/ auxiliary nurses* [Online]. Available: <http://www.nhscareers.nhs.uk/details/default.aspx?id=485> [Accessed 1 April 2012].
- NHS Employers. 2010. *The support workforce: developing your patient-facing staff for the future* [Online]. Available: <http://www.nhsemployers.org/Aboutus/Publications/Documents/The%20support%20workforce.pdf> [Accessed 13 March 2012].
- NHS Northwest. 2007. *Background to two new roles; assistant & advanced practitioners* [Online]. Available: <http://www.gmsha.nhs.uk/core/dtw/background.htm> [Accessed 20 April 2007].
- Nicholson, T. 1996. Are we giving away nursing? *Accident and Emergency Nursing*, 4(4), pp.205-207.
- Nirje, B. 1980. The normalisation principle. In: Flynn, R. J. & Nitsch, K. E. (eds.) *Normalisation, integration and community services*. Baltimore: University Park Press.
- Nisbett, R.E. & DeCamp Wilson, T. 1977. Telling more than we can know: verbal reports on mental processes. *Psychological Review*, 84(3), pp.231-259.
- Norfolk, T., Birdi, K. & Patterson, F. 2009. Developing therapeutic rapport: a training validation study. *Quality in Primary Care*, 17(2), pp.99-106.
- Oktay, J.S. 2012. *Grounded theory*. Oxford: Oxford University Press.
- Paterson, B., Bottorff, J. & Hewatt, R. 2003. Blending observational methods: possibilities, strategies, and challenges. *International Journal of Qualitative Methods* [Online], 2. Available: http://www.ualberta.ca/~iiqm/backissues/2_1/html/patersonetal.html [Accessed 10 April 2012].
- Patton, M.Q. 1986. *Utilisation-focused evaluation*. London: Sage Publications.
- Peel, M. 2003. *Managing professional development*. London: Routledge.
- Peplau, H.E. 1988. *Interpersonal relations in nursing. A conceptual frame of reference for psychodynamic nursing*. London: Macmillan.

- Pillay, H. & McCrindle, A.R. 2005. Distributed and relative nature of professional expertise. *Studies in Continuing Education*, 27(1), pp.67-88.
- Priestley, J., Selfe, J., Long, A.F., Kneafsey, R., Stewart, S.R. & Salvatori, P. 2003. The foundation degree: an education framework for rehabilitation assistants? *International Journal of Therapy & Rehabilitation*, 10(11), pp.504-510.
- Rainbird, H., Munro, A. & Holly, L. 2004. The Employment relationship and workplace learning. In: Rainbird, H., Fuller, A. & Munro, A. (eds.) *Workplace learning in context*. London: Routledge. pp.38-53.
- Rainbird, H., Munro, A., Holly, L. & Leisten, R. 1999. *The future of work in the public sector: learning and workplace inequality* [Online]. Northampton: Centre for Research in Employment, Work and Training, University College Northampton. Available: http://www.leeds.ac.uk/esrcfutureofwork/downloads/workingpaperdownloads/fow_paper_02.pdf [Accessed 3 March 2007].
- Reber, A.S. 1993. *Implicit learning and tacit knowledge: an essay on the cognitive unconscious*. New York: Oxford University Press.
- Redmond, B. 2006. *Reflection in action: developing reflective practice in health and social services*. Aldershot: Ashgate Publishing Limited.
- Research in Practice for Adults. 2008. *Generic worker roles in health and social care* [Online]. Totnes: The Dartington Hall Trust. Available: http://www.ripfa.org.uk/publications/evidenceclusters/doc_download/195-evidence-cluster-07 [Accessed 13 March 2012].
- Ritchie, J., Spencer, L. & O'Connor, W. 2003. Carrying out qualitative analysis. In: Ritchie, J. & Lewis, J. (eds.) *Qualitative research practice: a guide for social science students and researchers*. London: Sage Publications Ltd.
- Rogoff, B. 1995. Observing sociocultural activity on three planes: participatory appropriation, guided participation, and apprenticeship. In: J.V. Wertsch, P. Del Rio & A. Alvarez (eds.) *Sociocultural studies of the mind*. Cambridge: Cambridge University Press. pp.139-164.
- Rolfe, G., Jackson, N., Gardner, L., Jasper, M. & Gale, A. 1999. Developing the role of the generic healthcare support worker: phase 1 of an action research study. *International Journal of Nursing Studies*, 36(4), pp.323-334.
- Ryan, T., Nolan, M., Enderby, P. & Reid, D. 2004. 'Part of the family': sources of job satisfaction amongst a group of community-based dementia care workers. *Health & Social Care in the Community*, 12(2), pp.111-118.

- Saks, M. & Allsop, J. 2007. Social policy, professional regulation and health support work in the United Kingdom. *Social Policy and Society*, 6(2), pp.165-177.
- Schatzki, T.R. 2001. Practice theory. In: Schatzki, T. R., Cetina, K. K. & Savigny, E. V. (eds.) *The practice turn in contemporary theory*. London: Routledge.
- Schluter, J., Seaton, P. & Chaboyer, W. 2008. Critical incident technique: a user's guide for nurse researchers. *Journal of Advanced Nursing*, 61(1), pp.107-114.
- Schön, D. 1983. *The reflective practitioner. How professionals think in action*. London: Temple Smith.
- Secker, J., Hill, R., Villeneuve, L. & Parkman, S. 2003. Promoting independence: but promoting what and how? *Ageing & Society*, 23(3), pp.375-391.
- Secretary of State for Health. 2011. *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers* [Online]. London: The Stationery Office. Available: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124374.pdf [Accessed 2 September 2012].
- Selvin, A.M. 2011. *Making representations matter: understanding practitioner experience in participatory sensemaking*. PhD thesis, The Open University.
- Sennett, R. 1998. *The corrosion of character: the personal consequences of work in the new capitalism*. London: Norton.
- Sevenhuijsen, S. 2000. Caring in the third way: the relation between obligation, responsibility and care in Third Way discourse. *Critical Social Policy*, 20(1), pp.5-37.
- Sfard, A. 1998. On two metaphors for learning and the dangers of choosing just one. *Educational Researcher* 27(2), pp.4-13.
- Silverman, D. 2006. *Interpreting qualitative data*. London: Sage Publications.
- Simons, K.D. & Klein, J.D. 2007. The impact of scaffolding and student achievement levels in a problem-based learning environment. *Instructional Science*, 35(1), pp.41-72.
- Skills for Care. 2010a. *Entry to social care* [Online]. Available: <http://www.skillsforcare.org.uk/cis/> [Accessed 24 August 2011].
- Skills for Care. 2010b. *Re-modelled care, re-modelled workers: case studies of some new worker roles in the adult social care sector, 2010* [Online]. Available:

<http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx?IID=11080&sID=223> [Accessed 9 March 2012].

- Skills for Care. 2010c. *The State of the Adult Social Care Workforce in England, 2010* [Online]. Leeds: Skills for Care. Available: <http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx?IID=4458&sID=237> [Accessed 2 September 2012].
- Skills for Health. 2012. *Minimum training standards and code of conduct for healthcare support workers and adult social care workers in England* [Online]. Available: http://www.skillsforhealth.org.uk/option.com_eventbooking/task.view_event/event_id,39/Itemid,399/ [Accessed 20 May 2012].
- Smith, P. 1992. *The emotional labour of nursing*. Basingstoke: Macmillan.
- Snow, D.A. & Anderson, L. 1987. Identity work among the homeless: the verbal construction and avowal of personal identities. *The American Journal of Sociology*, 92(6), pp.1336-1371.
- Spencer, L., Ritchie, J. & O'Connor, W. 2003. Analysis: practices, principles and processes. In: Ritchie, J. & Lewis, J. (eds.) *Qualitative research practice: a guide for social science students and researchers*. London: Sage Publications. pp.199-218.
- Spilsbury, K. & Meyer, J. 2004. Use, misuse and non-use of healthcare assistants: understanding the work of healthcare assistants in a hospital setting. *Journal of Nursing Management*, 12(6), pp.411-418.
- Squires, G. 2005. Art, science and the professions. *Studies in Higher Education*, 30(2), pp.127-136.
- Stacey, C.L. 2011. *The caring self: the work experiences of home care aides*. Ithaca: Cornell University Press.
- Steadman, S. 2005. Early career learning at work (LiNEA) project: methodology and theoretical frameworks. *Paper presented at American Educational Researchers Association*, Montreal. April 15th 2005.
- Sternberg, R.J., Wagner, R.K., Williams, W.M. & Horvath, J.A. 1995. Testing common sense. *American Psychologist*, 50(11), pp.912-927.
- Stokes, J. & Warden, A. 2004. The changing role of the healthcare assistant. *Nursing Standard*, 18(5), pp.33-37.
- Stokols, D. & Shumaker, S.A. 1981. People in places: a transactional view of settings. In: Harvey, J. H. (ed.) *Cognition, social behavior, and the environment*. Hillsdale: Lawrence Erlbaum Associates. pp.441-488

- Stone, R. 2001. Research on frontline workers in long-term care. *Generations*, 25(1), pp.49-57.
- Strauss, A.L. & Corbin, J.M. 1998. *Basics of qualitative research: techniques and procedures for developing grounded theory*. Thousand Oaks: Sage Publications.
- Sutton, J., Valentine, J. & Rayment, K. 2004. Staff views on the extended role of health care assistants in the critical care unit. *Intensive and Critical Care Nursing*, 20(5), pp.249-256.
- Taylor, C. 1998. *Sources of the self*. Cambridge: Cambridge University Press.
- Tennant, M. 1999. Is learning transferable? In: Boud, D. & Garrick, J. (eds.) *Understanding learning at work*. London: Routledge. pp.165-179.
- The Commission on Improving Dignity in Care. 2012. *Delivering dignity: securing dignity in care for older people in hospitals and care homes. a report for consultation*. [Online]. Available: <http://www.nhsconfed.org/Documents/dignity.pdf> [Accessed 13 March 2012].
- The Health and Social Care Information Centre. 2011. *NHS workforce: summary of staff in the NHS: results from September 2010 census* [Online]. Leeds: The NHS Information Centre for Health and Social Care. Available: http://www.ic.nhs.uk/webfiles/publications/010_Workforce/nhsstaff0010/Census_Bulletin_March_2011_Final.pdf [Accessed 5 March 2012].
- Thomas, H., Hicks, J., Martin, G. & Cressey, G. 2008. Induction and transition in the National Health Service for four professional groups. *Learning in Health and Social Care*, 7(1), pp.27-36.
- Thornley, C. 2000. A question of competence? Re-evaluating the roles of the nursing auxiliary and health care assistant in the NHS. *Journal of Clinical Nursing*, 9(3), pp.451-458.
- Thurgate, C., MacGregor, J. & Brett, H. 2007. The lived experience: delivering a foundation degree in health and social care. *Journal of Further and Higher Education*, 31(3), pp.215-223.
- Tjora, A.H. 2006. Writing small discoveries: an exploration of fresh observers' observations. *Qualitative Research*, 6(4), pp.429-451.
- Toal-Sullivan, D. 2006. New graduates' experiences of learning to practise occupational therapy. *British Journal of Occupational Therapy*, 69(11), pp.513-524.
- Tomlinson, P. 1999. Conscious reflection and implicit learning in teacher preparation. Part I: recent light on an old issue. *Oxford Review of Education*, 25(3), pp.405-424.

- Toulmin, S. 1999. Knowledge as shared procedures. *In: Engeström, Y., Miettinen, R. & Punamäki, R.-L. (eds.) Perspectives on activity theory* Cambridge: Cambridge University Press. pp.53-64.
- Townsend, P. 1981. The structured dependency of the elderly: a creation of social policy in the twentieth century. *Ageing and Society*, 1(1), pp.5-28.
- Triggle, N. 2012. *Overhaul in approach to elderly care 'needed'* [Online]. Available: <http://www.bbc.co.uk/news/health-17195679> [Accessed 14 March 2012].
- Tripp, D. 1993. *Critical incidents in teaching: developing professional judgement*. Abingdon: Routledge.
- Tronto, J.C. 1993. *Moral boundaries: a political argument for an ethic of care*. New York: Routledge.
- Trowler, P. & Knight, P.T. 2000. Coming to know in higher education: theorising faculty entry to new work contexts. *Higher Education Research & Development*, 19(1), pp.27-42.
- Tucker, K.H. 1998. *Anthony Giddens and modern social theory*. London: Sage Publications.
- Unison. 2011. *Stepping into the breach: social work's paraprofessionals* [Online]. London: Unison. Available: http://www.unison.org.uk/acrobat/stepping_into_the_breach_report.pdf [Accessed 13 March 2012].
- Volman, M. & ten Dam, G. 2007. Learning and the development of social identities in the subjects care and technology. *British Educational Research Journal*, 33(6), pp.845-866.
- Vygotsky, L.S. 1934/1986. *Thought and language*. Cambridge: The MIT Press.
- Vygotsky, L.S. 1978. *Mind in society: the development of higher psychological processes*. Cambridge: Harvard University Press.
- Vygotsky, L.S. 1979. Consciousness as a problem in the psychology of behaviour. *Soviet Psychology*, 17(4), pp.3-35.
- Walmsley, J. 2010. A changing workforce: developing roles in health and social care. *K217 Adult Health and Social Care and Wellbeing Offprints*. Milton Keynes: The Open University.
- Warmington, P., Daniels, H., Edwards, A., Leadbetter, J., Martin, D., Brown, S. & Middleton, D. 2004. Conceptualising professional learning for multi-agency working and user engagement. *Paper presented at British*

Education Research Association Annual Conference, UMIST, Manchester. 15-18th September 2004.

- Watson, T.J. 2008. Managing identity: identity work, personal predicaments and structural circumstances. *Organization*, 15(1), pp.121-143.
- Webb, S.C. 2011. Education for healthcare assistants working in acute NHS hospitals. *Nursing Standard*, 25(41), pp.41-46.
- Weick, K.E., Sutcliffe, K.M. & Obstfeld, D. 2005. Organising and the process of sensemaking. *Organization Science*, 16(4), pp.409-421.
- Weitzman, P.F. & Levkoff, S.E. 2000. Combining qualitative and quantitative methods in health research with minority elders: lessons from a study of dementia caregiving. *Field Methods*, 12(3), pp.195-208.
- Wenger, E. 1998. *Communities of practice: learning, meaning, and identity*. Cambridge: Cambridge University Press.
- Wenger, E. 2000. Communities of practice and social learning systems. *Organisation*, 7(2), pp.225-246.
- Wertsch, J.W. 1998. *Mind as action*. New York: Oxford University Press.
- Wilson, J. & Blewitt, J. 2005. Reconfiguring higher education: the case of foundation degrees. *Education + Training*, 47(2), pp.112-123.
- Wilson, M. 1996. Asking questions. In: Sapsford, R. & Jupp, V. (eds.) *Data collection and analysis*. London: Sage Publications. pp.94-120.
- Wosket, V. 1999. *The therapeutic use of self: counselling practice, research and supervision*. London: Routledge.
- Young, L. 2008. Regulation: why it should not be introduced. *British Journal of Healthcare Assistants* 2(5), pp.243-244.
- Young, M. 2011. National vocational qualifications in the United Kingdom: their origins and legacy. *Journal of Education and Work*, 24(3-4), pp.259-282.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Appendix one. Observation frame and debrief interview

In observing the support worker in practice or during key encounters, the following seven factors will be given attention.

1. The participants' work activities

- **Collegial and behind the scenes activities** such as administrative activities (e.g. planning the day's activities, preparing for work with service users, writing up notes, accessing service user records, answering e-mails, making phone calls), discussions with colleagues, staff meetings or availability of breaks.
- **Work with service users** including what is done and where, how long tasks take in relation to other activities.
- **Use of tools** including the range of equipment (e.g. wheel chairs, blood pressure monitors, telephones, computers) and paper-based tools (e.g. structured assessment instruments, records, whereabouts sheets, diaries).
- **Formal meetings** such as staff meetings, handover meetings, meetings with superiors and colleagues or meetings with service user's families.

2. The physical setting

Attention will be given to the organisation of the workspace including:

- spaces that afford opportunities to talk with colleagues,
- personal spaces such as desks or lockers including those available for behind the scenes activities,
- aspects prompting or enabling particular types of activity, considerations or competence that may provide insights into the nature of the participant's work (for example, reminders to follow particular procedures with service users, disinfectant stations, security doors, notices advertising codes of practice or training courses),
- where activity with service users occur (e.g. in the centres, in the home, out in the community).

3. Communication

- **Formal interactions** (e.g. in meetings, during professional encounters with service users/families and friends).
- **Informal interactions** (e.g. incidental conversations with colleagues, carers and those around them such as family or friends).
- **Verbal and non verbal communication** (e.g. for interactions observe both what is said (paraphrasing), non-verbal behaviour (e.g. tone, pace, body language, matching, dress) and what is communicated by the environment itself (e.g. posters targeted at services regarding codes of practice).

4. Temporal aspects. This includes:

- when things happen (e.g. at lunch, early in the day, after hours),
- pace of activity (e.g. hurried or slow),
- length of encounters and tasks with service users or colleagues.

5. The participants' own interpretations

Where possible, discuss tasks performed, service users seen, conversations had as soon as possible after the activity. These include:

- their goals or intentions in the activity (for example, reassuring a patient while performing an intervention),
- knowledge or skill needed to perform a task,
- participant's perception of challenges/facilitators or dissatisfactions/satisfactions in the task,
- perception of frequency of tasks or its place in the overall sequence of behaviour (i.e. as part of ongoing relationship with a client),
- How the skill or knowledge area was developed.

7. My questions and thoughts

My interpretations of what might be happening, links to theory or findings elsewhere and questions to follow up with participants later.

Observation debrief – Procedure

a. Overall review

The debrief will start with a light touch review:

- How do you feel your work today went? (*probe successes/challenges*).
- Would you say today was a typical day's work?

b. Elicit competencies

Procedure:

- *a list of key activities drawn from the observations will be compiled throughout the day;*
- *the observer and participant will select four key activities out of the list;*
- *the participant will be asked about the competencies associated with each task. The researcher may tentatively prompt the participant using the data from the observations (e.g. "this task took place with a client who had no verbal speech – what do you need to work with that sort of person?").*

c. Understanding learning

Pick 1-2 competencies or a cluster of competencies that you remember learning to acquire, how did you learn this?

Participant is prompted for different domains of development:

- *Current job,*
- *Previous job,*
- *Education or training outside work,*
- *Home or personal life,*
- *Community activities (e.g. volunteer work).*

Repeat process above focussing on:

- Which do you remember as being difficult to master?
- Which do you feel came more naturally?
- Are there any that you think of as particularly significant?



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Appendix two. First interview schedule

This is the first interview for both participants involved in observations (case study) and those who will be involved in interviews only (cross sectional study).

In this interview:

- You don't have to answer all the questions. You can pass on anything;
- If you change your mind about anything you say, you can ask it to be taken out of the transcript. You will also have the opportunity to discuss the case study I will build up. You change or delete anything;
- Just relax – I'm not looking for right answers. I'm not looking for fully thought through or complete answers – if you have a hunch about something being important, just say it and we can explore it together. We will be having a follow-up interview next month and this will give us both an opportunity to raise further issues.

1. Work role

I'd like to start by asking you some questions about what you do and how your work is organised.

1.1 Describe your role.

- Please list or brainstorm all the things you do in your job.
- Please describe your clients (*prompt for description of client group and their needs*)
- Describe a typical day's work (*explore nature and range of activities*)

1.2 Evaluating your role

- "What do you find satisfying or rewarding?"
- "What sorts of challenges do you face in your job?"
- "How well prepared do you feel for the tasks you are required to take on?"

1.3 Necessary skills, knowledge and personal qualities

- Imagine that a friend is interested in your job but has never worked as a support worker. S/he wants to apply for the job and wants to emphasise that s/he is the right person for the job. What would s/he need? (*Probes - personal qualities, skills, knowledge*)
- What experience would prepare her/him for the role?
- S/he'll need to learn quickly once she's in post, what advice would you give her?

2. The organisation

2.1 I'd like to learn about your team

These questions are about the people you work with.

- Who are your colleagues (*write down list*)
 - Who do you need to work with?
 - Who makes decisions about your work (with or without you) or things that influence your work?
 - Who is responsible for ensuring the quality of your work/appraisals?
 - Other colleagues/friends in your work.
- Reviewing this list, who would you go to for:
 - Things that are upsetting or worrying
 - Problems or challenges in your work
 - Help with doing things that you haven't done before (like dealing with a new thing in your job)
 - Personal things (things outside of work).*(nb. Try to elicit examples).*

Of the people in this list:

- which of these people has a role that is the most similar to yours (*explore in terms of knowledge, skill and personal values*)
- which of these people has a role that is the most different from yours? (*explore in terms of knowledge, skill and values*)

3. Career trajectory

I'd like to learn a little more about what you'd been doing before you started this job. Starting with school, please talk me through some of the key events in your life. I'm interested in work life but if there are other key events such as education, home life or community activities, please raise these too.

As the story unfolds, probe for:

- *Drivers for events and action*
- *Key learning events*

Where were the tipping points or transitions in your life – events that came to change you?

Looking this story over, can you identify the main events that prepared you for this role?

4. Learning for your current role

Which brings us back to your current job. I'd like to learn more about how you learnt to do your job.

4.1 Learning to do the job

- What were the first days like?
- What did you know already that prepared you for the work?
 - From previous work

- Other settings apart from work
- Anywhere else?
- What did you need to learn?
- What surprised you most about the job?

4.2 Role changes

These questions focus on how your role has changed and you dealt with these changes.

- How has your role changed over the time you have been in post?
- How have you changed since you've been in the role?

(nb. Working with the list of changes, select one each from the two previous questions and probe around how the change was met and managed).

4.3 I'd like to move on to talk about your personal development

These questions focus on support for your training and development

- What training or educational opportunities have you had in this role?
- There's a whole lot of learning that goes on outside of courses. What other sorts of learning opportunities have you accessed through work or elsewhere?

5. Future

These last questions are looking at the future you see yourself having.

- Where do you see yourself in ten years?
- What role would you like to have in the future?
- What would get you there?

6. Short term future

How do see the month ahead?

- Good things coming up?
- Challenges?
 - How do you see yourself dealing with these?



IMAGING SERVICES NORTH

Boston Spa, Wetherby
West Yorkshire, LS23 7BQ
www.bl.uk

BLANK PAGE IN ORIGINAL

Appendix three. Follow-up interview schedule

Introduction

In this interview, I'm interested in finding out about how things have changed since the last time we spoke. This might be:

- in your organisation or your work role,
- in your home life or elsewhere,
- or in terms of your feelings, thoughts or plans.

I'm also interested in capturing any ways in which you may have learnt or developed.

I'd also like to follow up on issues from the last interview.

1. How has the last month or so been for you at work/at home/elsewhere?

Probe for:

- *High points,*
- *Low points,*
- *Things that are going well or are bothering you?*
- *Has anything changed for you at work/at home/elsewhere?*

2. Follow up

Follow up on issues from previous interview not mentioned above. For example:

- *Issues for clarification from previous interview(s) or observation,*
- *Returning to challenges or issues discussed in previous interviews and how dealt with,*
- *Discussing plans mentioned previously,*
- *New plans.*

3. Learning trajectory

Refer back to activities and competencies listed in previous interview or observation (written sheet presented).

Referring to up to four activities discussed last time, what competencies do you need to perform this task?

Generate list of competencies to add to those generated from the previous interview.

Pick 1-2 competencies or a cluster of competencies that you remember learning to acquire, how did you learn this?

n.b. participant is prompted for different domains of development:

- *Current job*
- *Previous job*
- *Education or training outside work*
- *Home or personal life*
- *Community activities e.g. volunteer work)*

Repeat with:

- Which do you remember as being difficult to master?
- Which do you feel came more naturally?
- Are there any that you think of as particularly significant?

(nb. third interview (or second interview for those observed) may explore the development of capabilities not discussed previously).

4. Tipping points

I'm interested in any things that have been tipping points for you. A tipping point is an event, big or small where the way you saw things, felt about things or did things changed. It could be something that happened to you or something that you initiated. It could something that involved any of the following:

- Yourself,
- your clients,
- your practice,
- your role,
- your home life or anything else that is relevant.

You can talk about as many incidents as you like.

What happened?

Describe the incident in detail including the setting it took place in.

Prompts:

- What factors led to the incident?
- What were the consequences of the incident?

So what?

What impact did the incident have on you and on other people?

Prompts:

- How did you feel?
- What went well?
- What went badly?
- What was the significance of the incident:
 - to you?
 - to the other parties involved/affected?

What have you learned from this incident?

Now what?

- What would you do similarly in the future?
- What would you do differently?
- What are you going to do now?

What has been learned?

5. How do you see the month ahead?

How do see the month ahead?

- Good things coming up?
- Challenges?
 - How do you see yourself dealing with these.



IMAGING SERVICES NORTH

Boston Spa, Wetherby

West Yorkshire, LS23 7BQ

www.bl.uk

BLANK PAGE IN ORIGINAL

Appendix four. Manager interview schedule

In this interview, I'm interested in learning more about the role of support workers in your organisation – that is, what they do, the skills they need and the kinds of development opportunities your workplace offers. I don't want you to discuss anyone specifically but am more interested in getting your sense of support workers as a group in your team.

In this interview:

- You don't have to answer all the questions. You can pass on anything;
- If you change your mind about anything you say, you can ask for it to be taken out of the transcript. You change or delete anything.
- Just relax – I'm not looking for right answers. I'm not looking for fully thought through or complete answers – if you have a hunch about something being important, just say it and we can explore it together.

1. I'd like to start by finding out what it is that support workers do in your organisation

- Who are the service users?
- What kind of work do they do?
- What are the main activities?
- How is their work distinct from what would be termed 'registered professional staff'?

2. Evaluating the role

- What aspects of support work do you think are the most satisfying or rewarding?
- What sorts of challenges do they face?
- How well prepared do you feel support workers are for the tasks they are required to take on?

3. Skills and knowledge needed for the work

- Imagine that a friend is interested in working as a support worker but has no experience in the post. He or she wants to apply for the job and hopes to emphasise that s/he is the right person for the role. What would s/he need? (*Probes - personal qualities, skills, knowledge*).
- What experience would prepare her for the role?
- She'll need to learn quickly once she's in post, what advice would you give her?

4. I'd like to learn more about the team surrounding support workers

- Who do support workers work with?
- Who makes decisions about what work they do and how?
- What level of responsibility do they have in the team?
- Who is responsible for ensuring the quality of your work/appraisals/supervision?

5. How has the support worker role changed over time?

- What have been the drivers for change?
- What has made the change difficult?
- How have support workers been supported to make these changes?
- What changes do you think the future will bring?

6. I'd like to learn more about how support workers learn on the job

- What is in place to deal with the following situations:
 - Understanding the role in the first days on the job?
 - Developing new skills and knowledge to deal with changes in the job role?
 - Coping with day-to-day challenges?
- What formal training or educational opportunities are available to support workers?

7. What opportunities exist for career progression for support workers?

- How does your organisation support career development?

Appendix five: Practitioner capabilities

Note that the first three categories of capabilities correspond to the three components of practice in chapter four – that is, building an understanding of service users, development and wellbeing-focused activities and relationship work. The last two categories – personal qualities and role management cut across all three components of practice.

	Mental health team	Learning disability teams	Dual diagnosis	District nursing
Building an understanding of service users				
Understanding the characteristics of service users' conditions - e.g. disability, mental health problem or health condition	•	•	•	•
Understanding specific service users - their individual and changing needs, issues and challenges	•	•	•	•
Assessment - ability to assess service user issues, mental state, risks to self, practitioners and others - health status – e.g. wound healing (HCA only), diet or impending seizure - listening skills, ability to read non verbal behaviour or group dynamics between people - assessing situations to take into account implications in both short and long term - recognising risk and abuse	•	•	•	•
Developmental assessment - e.g. understanding, skills, potential or possible activities	•	•	•	
Knowledge of treatment and interventions not administered by the practitioner - medication and effects - techniques in dressing bandages (HCA only) - behaviour management or psychological services	•	•	•	•
Reflectiveness and self awareness - reflection upon own actions and service user's feelings - awareness of affect of practice situations on self	•	•	•	•

	Mental health team	Learning disability teams	Dual diagnosis	District nursing
Building an understanding of service users (continued)				
Gathering information				
<ul style="list-style-type: none"> - looking things up on the internet (e.g. client conditions, policy) - learning through enquiries with other services - drawing on colleagues' knowledge to perform new tasks - gathering information for reviews 	•	•		•
Working with records				
<ul style="list-style-type: none"> - Recording and accessing notes and records - Report writing 	•	•	•	•
Choice making				
<ul style="list-style-type: none"> - supporting decision making in an empowering fashion - identifying and negotiating options (includes knowledge of possible options) - persuading or motivating service users - problem solving 	•	•	•	
Development and wellbeing focused activities				
Skills to support participation in various activities (e.g. shopping, cooking, travelling or dealing with services)	•	•	•	
Skills to support development and understanding				
<ul style="list-style-type: none"> - skills to build service user understanding (e.g. their own mental state or issues that need attention) - teaching and building understanding (e.g. modelling behaviour, reviewing learning, giving feedback, breaking a task into steps, preparing learning aids, session planning, explaining in a way suited to the service user, testing understanding or matching intervention to users' needs) - ability to support changes in the users' life (e.g. problem solving, cognitive behaviour therapy or smoking cessation training) 	•	•	•	•
Skills to deal with difficult behaviour				
<ul style="list-style-type: none"> - managing difficult behaviour (de-escalating aggressive situations) - assessing and responding to suicidal intent - SCIP (Strategies for Crisis Intervention and Prevention) 	•	•	•	

	Mental health team	Learning disability teams	Dual diagnosis	District nursing
Development and wellbeing focused activities (continued)				
Emotions work <ul style="list-style-type: none"> - responding to service users emotions (anger, distress, anxiety, sadness or frustration) - suppress the expression of own emotions (sadness, anger or disgust) or reflect upon and change - evoke emotional states in service users (e.g. confidence in the competence of the practitioner, the safety of a procedure or environment) 	•	•	•	•
Advocacy <ul style="list-style-type: none"> - speaking on behalf of the service to ensure they receive services from different agencies or to raise their issues with colleagues 	•	•	•	
Personal care <ul style="list-style-type: none"> - assistance with feeding, going to the toilet or hygiene 		•		
Planning <ul style="list-style-type: none"> - investigating and planning activities or events (for example, an afternoon's outing, a group session, creating a nightclub for service users, organising a Christmas carol concert or a summer fete) 	•	•		
Knowledge of procedures <ul style="list-style-type: none"> - appropriate adult procedures - infection control - health and safety 	•	•	•	•
Maintaining or improving health <ul style="list-style-type: none"> - smoking cessation training - administering medication and eye drops - managing epileptic seizures or CPR - preparing and managing diet plans - Taking readings and samples (e.g. blood pressure, blood samples and ECG) - applying small and large dressings - Bladder washouts and changing catheter bags - Collecting urine samples 	•	•	•	•

	Mental health team	Learning disability teams	Dual diagnosis	District nursing
Development and wellbeing focused activities (continued)				
Knowledge of aspects of the law or legal rights - e.g. mental capacity act, community care act or national policy	•	•	•	
Knowledge of local services and key contacts	•	•	•	
Knowledge of local area	•	•	•	•
Relationship work				
Relationship building - establishing a relationship, rapport and empathy with people in difficult conditions (e.g. communication difficulties, learning disabilities, in pain, aggressive or suicidal) - encouraging communication and quickly engaging	•	•	•	•
Manage relationships and their boundaries - presenting in a manner appropriate to a professional relationship (for example, use of touch, disclosure of personal information, confidentiality, friendly but 'not a friend' nurturing but not a 'parent') and asserting such conventions to service users (including time available to work together, obligation to report or professional remit)	•	•	•	•
Team work - communicating understanding of client to others verbally, through written notes or reports - negotiating differences of opinion - understanding colleagues' role - liaising with other members of the team and with other agencies to ensure service user's needs are met or to build one's understanding - build positive relationships with colleagues and other relevant parties (e.g. parents or workers in other agencies)	•	•	•	•

	Mental health team	Learning disability teams	Dual diagnosis	District nursing
Personal qualities				
Flexibility and responsiveness - responding to changing needs, situations or emerging priorities - ability to respond to change - ability to multitask (e.g. monitor different things all happening at once) while working with multiple demands or frequent interruptions	•	•	•	•
Person-centred values - interest in and appreciation of the person as an individual and not just a collection of symptoms - recognise user as an equal with a right to privacy and choices	•	•	•	•
Caring - prepared to attend to and give service users time - sense of responsibility for service users and willingness to exercise duty of care - commitment to improving the service users' life	•	•	•	•
Genuine enjoyment, enthusiasm and commitment to the work	•	•	•	•
Physical and mental stamina - stamina to provide demanding and high energy services throughout the day - ability to work without extended breaks		•	•	
Assertiveness and toughness	•	•	•	
Ability to deal with distasteful situations - prepared to get your hands dirty – i.e. clean patients if the situation calls for it - able to deal with blood, faeces, smelly wounds, bladder catheters - poor hygiene	•	•	•	•
Role management				
Self management Managing boundaries between work and home (e.g. leaving work at work) - preserving one's personal privacy - recognising one's limits and acting to ensure one's wellbeing - maintain 'a level head' in the face of abuse or aggression.	•	•	•	•